AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. XXII. Vol. III. } New Series. NEW YORK : SATURDAY, NOVEMBER 30, 1861. { *Mail Subscribers, $3 per Ann.* *City and Canadian, 3 50 "* *Single Numbers, 10 cents.*

Bellevue Hospital Medical College.

—ANNOUNCEMENT FOR 1861-2.—The Trustees and Faculty announce, with much pleasure, the organization of this College, with a corps of thirteen Professors, and a full course of lectures during the next autumn and winter.

FACULTY.

ISAAC E. TAYLOR, M.D., *President.*
BENJAMIN W. McCREADY, M.D., *Secretary.*
R. OGDEN DOREMUS, M.D., *Treasurer.*

JAMES R. WOOD, M.D., Professor of Operative Surgery and Surgical Pathology.
FRANK H. HAMILTON, M.D., Professor of Military Surgery, Fractures, and Dislocations.
LEWIS A. SAYRE, M.D., Professor of Orthopedic Surgery.
ALEXANDER B. MOTT, M.D., Professor of Surgical Anatomy.
STEPHEN SMITH, M.D., Professor of the Principles of Surgery.
ISAAC E. TAYLOR, M.D., GEORGE T. ELLIOT, M.D., B. FORDYCE BARKER, M.D., } Professors of Obstetrics and the Diseases of Women and Children.
BENJAMIN W. McCREADY, M.D., Professor of Materia Medica and Therapeutics.
TIM. CHILDS, M.D., Professor of Descriptive Anatomy.
AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine.
R. OGDEN DOREMUS, M.D., Professor of Chemistry and Toxicology.
AUSTIN FLINT, Jr., M.D., Professor of Physiology and Microscopic Anatomy.
CHARLES D. PHELPS, M.D., Demonstrator of Anatomy.
N. R. MOSELY, M.D., Prosector to Chair of Surgical Anatomy.
SYLVESTER TEATS, M.D., Prosector to Chair of Operative Surgery and Surgical Pathology.

PRELIMINARY TERM.

A preliminary term will commence on Wednesday, September 18, 1861, and continue until the beginning of the regular term. In addition to daily instruction in the hospital wards, and clinical lectures, at least three lectures will be given daily on subjects of practical importance, by members of the Faculty, during this term. Among the subjects which will be taken up during the preliminary term are the following:—Organic Affections of the Uterus, by Prof. Taylor; Uterine Displacements, by Professor Barker; Inflammatory Diseases of the Uterus and Appendages, by Prof. Elliot; the Thoracic Viscera, by Prof. Childs; Auscultation and Percussion, by Prof. Flint; Syphilis, by Professor Hamilton; Surgical Affections of the Genito-Urinary Apparatus, by Prof. Wood; Endosmosis and Exosmosis, with their Practical Applications, by Professor Doremus.

The attention of students and practitioners is invited to the variety and practical importance of the subjects which will be treated of during the preliminary term. Although attendance is not required on the part of the student, it is designed to render this term, not a nominal, but an actual extension of the period of instruction.

Dissections may be prosecuted during this term as well as during the whole of the regular term.

REGULAR TERM.

The regular term will commence on Wednesday, October 16, 1861, and end in the early part of March, 1862.

During the regular term the lectures will be so arranged as not to interfere with attendance in the hospital wards. Ample time will be allowed for accompanying the visiting physicians and surgeons in their daily rounds, attending clinical lectures in the hospital amphitheatre, witnessing surgical operations, and autopsical examinations, without conflicting with any of the didactic lectures.

This College, having been established in connexion with the Bellevue Hospital, offers peculiar advantages arising from the fact that the lectures in all the departments of instruction will be given within the hospital grounds. The Professors in all the practical branches being connected with the hospital, either as visiting physicians or surgeons, all the important subjects pertaining to Surgery, Obstetrics, Therapeutics, and the Practice of Medicine can be amply illustrated by cases under observation in the hospital wards, and by autopsical examinations, simultaneously with their consideration in the lecture room; loss of time in going to and from the hospital is saved; the student is always at hand when cases of accident are received, or operations in Surgery and Obstetrics suddenly called for; and there will be no encroachments of didactic and clinical instruction upon each other.

The aim of the Faculty of the College, with the co-operation of the Commissioners of Public Charities and Correction, is to make the immense hospital resources at their disposition, available to the fullest extent for purposes of instruction. In 1860, more than *eleven thousand patients* were received into Bellevue Hospital, and over *four hundred births* took place in this hospital during the year. The large hospital recently erected on Blackwell's Island, will also be open for medical instruction, and students will be conveyed to the Island by the hospital steamer without expense. It may be safely said that the vast field afforded by these Charities for the study of diseases at the bed-side, for witnessing every variety of operations in Surgery, together with the treatment of surgical affections, for the study of morbid anatomy, and the practice of obstetrics, is not surpassed elsewhere in this or any other country.

Ample provisions will be made for pursuing practical anatomy. Anatomical material will be supplied in abundance and with but little expense to the student.

Twenty-two resident Physicians and Surgeons are annually appointed on recommendation of the Medical Board of the Hospital, after an examination by this Board, and receive a salary sufficient for their support.

Fees for all the lectures during the preliminary and regular terms, $105. Tickets for any of the departments during the regular term may be taken out separately, the fees being proportionate to the number taken.

The fee for all the lectures during the preliminary term is $10. This sum will be deducted from the fees for the whole course ($105), if tickets to the latter be taken out.

Matriculation Fee	$ 5
Graduation Fee	30
Demonstrator's Ticket	5

Payment in all cases is required, and the tickets must be taken out at the beginning of the term.

The requisites for graduation are, twenty-one years of age; three years study with a regular and reputable practitioner (or practitioners), inclusive of the time of attendance at lectures; two full courses of lectures, the last in this College; proper testimonials of character; an acceptable thesis, and an examination by seven of the Professors in the several departments of instruction.

This College is endowed with all the powers and privileges belonging to any chartered Medical school in this State.

Circulars will be sent and further information given, on application to Professor Benjamin W. McCready, Secretary, No. 7 West Ninth street; or to Professor Isaac E. Taylor, President, No. 18 West Twentieth street.

Board and lodging can be obtained in New York for from $3 to $5 per week.

Students on arriving in the city are requested to report at once at the office of the College at Bellevue Hospital, situated on the East River, between Twenty-sixth and Twenty-eighth streets.

New York Medical College and Cha-

RITY HOSPITAL, 90 East Thirteenth Street, New York City.

TWELFTH SESSION, 1861-2.

The Regular Course of Lectures in this Institution will commence October 21st, and continue until the first week in March.

Faculty.

HORACE GREEN, M.D., LL.D., Emeritus Prof. of Theory and Practice of Medicine.
JOHN M. CARNOCHAN, M.D., Prof. of Clinical and Operative Surgery.
BENJ. I. RAPHAEL, M.D., Prof. of the Principles and Practice of Surgery.
CHARLES A. BUDD, M.D., Prof. of the Theory and Practice of Midwifery.
A. JACOBI, M.D., Prof. of Infantile Pathology and Therapeutics.
RUFUS K. BROWNE, M.D., Prof. of Physiology and Microscopic Anatomy.
E. NOEGGERATH, M.D., Prof. of Clinical Midwifery and the Diseases of Women.
J. V. C. SMITH, M.D., Prof. of Anatomy.
WM. F. HOLCOMB, M.D., Prof. of Ophthalmic and Aural Surgery.
SAMUEL R. PERCY, M.D., Prof. of Materia Medica, Therapeutics, and Medical Jurisprudence.
HENRY G. COX, M.D., Prof. of Theory and Practice and Clinical Medicine.
CHARLES A. SEELEY, A.M., Prof. of Chemistry and Toxicology.
JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.
W. LEON HAMMOND, M.D., Assistant to the Professor of Practice of Surgery.
F. S. SNEADE, Janitor.

Clinical instruction forms a prominent feature in this school, and is conducted as follows:

Mondays and Thursdays, Surgical, by....Profs. RAPHAEL and CARNOCHAN.
Tuesdays and Fridays, Diseases of Children,.....Prof. JACOBI.
Tuesdays, Diseases of the Eye and Ear,.....Prof. HOLCOMB.
Wednesdays, Diseases of Women,.....Profs. NOEGGERATH and BUDD.
Saturdays, Medical,.....Prof. COX.

Prize.

There are annually distributed to the successful competitors among the Graduating Class of this College two prizes for the best Theses.

In addition to these, Prof. Jacobi offers the following

Jacobi Prize:

A gold medal or fifty dollars and a diploma will be given for the best record of twelve clinical cases occurring at the Children's Clinic.

Fees.

Full Course of Lectures	$105 00
Matriculation Fee	5 00
Fee for Demonstrator	5 00
Fee for Final Examination	30 00

Students may obtain good board in the neighborhood of the College, by calling on the Janitor, at the College Building, No. 90 East 13th Street, near Fourth Avenue.

Further information, as to Lectures, Terms, &c., may be had by addressing the Dean at the College, or at his residence, No. 124 9th Street.

B. I. RAPHAEL, M.D., DEAN.

The Wood Prizes.—Bellevue Hospital.

The Prizes offered by Prof. JAMES R. WOOD, to the Matriculated Students for the Terms 1861-62, in the Bellevue Hospital Medical College, Bellevue Hospital; the College of Physicians and Surgeons, Twenty-third Street; University College, Fourteenth Street; New York Medical College, Thirteenth Street; and the Long Island College Hospital Brooklyn, N. Y., for the best Anatomical or Surgical Preparation, to be placed in the Museum of Bellevue Hospital, will be awarded by the Professors of Surgery, Anatomy, and Physiology, in the above Colleges, on MONDAY, March 4th, 1862.

JOHN E. WHITE, Warden of Bellevue Hospital.

NEW YORK, *September* 28, 1862.

To Surgeons and Physicians. Your

attention is respectfully called to WHITE'S PATENT LEVER TRUSS. An entirely new principle; the invention of a mechanic, a gunsmith, who being frequently called upon by members of your profession to make Trusses, would be asked, "Cannot you give us something that will *lift*" It is this *lift* which has been so long searched for, and which constitutes the *chief* difference between this Instrument and that of all others, and for which we claim that it is a radical cure Truss. A *candid* examination by the Profession is simply asked for this Instrument. Pamphlets sent to any address, gratis.

OFFICE, 481 BROADWAY, NEW YORK.

Artificial Legs

(PALMER'S),

Adapted for every species of Mutilated Thigh, Leg, Ankle, and Foot; which for utility, mobility, durability, and beauty of execution, are unequalled in Europe or America, and receive the approbation of the first Surgeons of both Continents, and the highest awards of all the distinguished Institutes, etc. See Bulletin de Thérapeutique, Medicale et Chirurgicale: Paris, 3 Nos.

HANDS and ARMS of superior quality and utility, affording very great satisfaction.

FEET and appurtenances for limbs shortened by Morbus Coxarius and anchylosed at any position, which elongate the limb to its normal length, dispense with cork shoes and enable the wearer to appear in dress and to walk as with a natural foot; new, unique, and comely inventions by Dr. Hudson, affording a highly sanitary influence and gratifying compensation for the abnormal defect. Also, appliances for deformed and diseased limbs, under the supervision and direction of

E. D. HUDSON, M.D.,
Clinton Hall, Astor Place, New York.

Sent Free by Mail on Receipt of Price.

Transactions of the Obstetrical SoCIETY OF LONDON. Vol. 2, for the year 1860. 8vo. London, 1861. $4.65.

Bailliere Brothers, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Practical Observations on the Diseases of the Joints involving Anchylosis, and on the Treatment of the Restoration of Motion, by B. E. Brodhurst, M.D. $1.40.

Bailliere Brothers, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

On Urine, Urinary Deposits, and CALCULI: Their Microscopical and Chemical Examination, including the Chemical and Microscopical Apparatus required, and Tables for the Practical Examination of the Urine in Health and Disease; by Lionel S. Beale, M.D. Illustrated with numerous original Wood Engravings. Post 8vo. London, 1861. Price $2.60.

Bailliere Brothers, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Essays and Observations on Natural HISTORY, ANATOMY, PHYSIOLOGY, PSYCHOLOGY, AND GEOLOGY, by John Hunter, F.R.S.; being his Posthumous Papers on those subjects, arranged and revised, with notes: to which are added the Introductory Lectures on the Hunterian Collection of Fossil Remains, delivered in the Theatre of the Royal College of Surgeons. By Richard Owen, F.R.S., D.C.L. 2 vols. 8vo. London, 1861. Price, $10.00.

Bailliere Brothers, 440 Broadway.

Sent Free by Mail on Receipt of Price.

Illustrated Manual of Operative Surgery and Surgical Anatomy, by Drs. Bernard and Huette. Edited with notes and additions, and adapted to the use of the American Medical Student, by Drs. W. H. Van Buren and C. E. Isaacs. Illustrated with Steel Engravings, from drawings after nature. 8vo. Colored Plates, $15.00; Plain Plates, $9.50.

Bailliere Brothers, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

A Practical Treatise on Coal, Petroleum, and other Distilled Oils, by Abraham Gesner, M.D., 8vo. New York, 1860. $1.50.

Bailliere Brothers, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

The modern Treatment of Syphilitic Diseases; containing the treatment of Constitutional and Confirmed Syphilis by a safe and successful method, by Langston Parker, F.R.C.S. 4th Edit. 8vo. London, 1860. $3.00.

Bailliere Brothers, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Cellular Pathology, as based upon Physiological and Pathological History, by Rudolf Virchow, translated from the 2d edition of the original, by Frank Chance, M.D.; with notes and emendations, principally from MS. notes of the author. 8vo. London, 1860. $4.80.

Bailliere Brothers, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Traite pratique d'Auscultation suivi d'un precis de Percussion, par Barth et Roger. 5e Edit. 12mo. Paris, 1860. $1.50.

Bailliere Brothers, 440 Broadway, N. Y.

MEDICAL AGENCY,

440 BROADWAY, NEW YORK.

Mr. J. P. Richardson begs to announce to the Medical Profession that he has established an Agency for the transaction of business with medical men. He will purchase or sell any articles required by Country Physicians, as Books, Instruments, Vaccine Matter, etc., etc., and transmit them expeditiously, at the following rates: 10 per cent on the purchasing price, if under $5.00, and 5 per cent. on all sums over. He will promptly furnish as reliable information as can be obtained in regard to Schools, Colleges, Instruments, Books, etc., etc, for the sum of 25 cents for each article or item required. He is also prepared to negotiate, on the most favorable terms, the sales of Country Practices, obtain Partners or Assistants, collect accounts, or transact any business relating to the Profession. Terms subject to negotiation.

No additional charge will be made except for advertising, when required for the more advantageous transaction of the business in hand.

References—Editors American Medical Times; Jno. E. White, Esq., Warden of Bellevue Hospital, N. Y.; Prof. B. Silliman, Jr., New Haven.

Office hours from 12 to 1.

Address J. P. RICHARDSON,
Care Bailliere Brothers, 440 Broadway, New York.

PRACTICES FOR DISPOSAL.

Mr. Richardson is prepared to negotiate for the sale of the following Practices:

A Country Practice, in the western part of the State of New York. Excellent farming district, good roads, well populated; near churches, schools, stores, etc. Terms easy.

A Practice, in Jersey City, producing an Income of $1500. For particulars apply as above.

A Country Practice in Oneida County, State of N. Y.; good farming district here, two lines of railroad, stores, churches, &c. Proprietor has practised for twenty years, and is now retiring. Terms.—Good will of practice and cottage residence, with every convenience, garden, out-houses, &c., $1,300. Part of purchase money may remain on bond and mortgage, if desired. Apply as above.

Sent Free by Mail on Receipt of Price.

New Methods in the Medical EmployMENT OF ELECTRICITY (Faradaic and Galvanic) with very plain Rules for obtaining reliable diagnosis in various obscure diseases; and as a successful aid in the treatment of *reflex* paralysis, &c.; for some, atonic painful eye and ear affections, for a multitude of the so called "Nervous Diseases," and in very many functional troubles, chronic affections, &c.

By ALFRED C. GARRATT, M.D.

Second Edition. 8vo. 700 *pages.* 100 *Illustrations.*

Price Three Dollars.

Seguin.—Traitement des Idiots. 1 Vol., 12mo. $1.50.

The Author attends to the treatment of Chronic cases of children and young persons. Address, Mt. Vernon, Westchester Co., N.Y.

Delluc & Co., French Pharmaceutical CHEMISTS, 635 BROADWAY, NEW YORK.

New Remedies prepared to order, or any Foreign Medicinal or Chemical preparations imported. Constantly on hand Squibb's Preparations; French Chemicals, Agents for Vichy Mineral Waters, Garnier's Paris Sugar-Coated Pills, etc., etc.

Prescriptions of all Pharmacopœias are put up by reliable and experienced Apothecaries.

N.B.—Pure chemicals of Lamoureux et Geudrot, of Paris, for sale at the lowest wholesale prices.

DELLUC & CO.,
635 Broadway.

Dr. McMunn's Elixir of Opium.— THIS IS THE PURE AND ESSENTIAL EXTRACT FROM THE NATIVE DRUG.—It contains all the valuable medicinal properties of opium in natural combination, to the exclusion of all its noxious, deleterious, and useless principles, upon which its bad effects depend. It possesses all the sedative, anodyne, and anti-spasmodic powers of Opium—

To produce sleep and composure.

To relieve pain and irritation, nervous excitement, and morbid irritability of body and mind.

To allay convulsions and spasmodic actions.

And being purified from all noxious and deleterious elements, its operations are attended by

No sickness of the stomach, no vomiting, no costiveness, no headache.

Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum, and every other opiate preparation.

The Elixir of Opium is also greatly superior to Morphine.

And as a remedy may be adopted in all cases in which either opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

☞ All orders for the "Trade" must be addressed, as heretofore, to A. B. & D. SANDS, Wholesale Druggists, 100 Fulton Street, corner of William St., N. Y.

Sent Free by Mail on Receipt of Price.

Meteorology, from the Encyclopædia Britannica, by Sir J. F. W. Herschel. 12mo. Edinburgh, 1861. $1.60.

Bailliere Brothers, 440 Broadway, N. Y.

Original Lectures.

LECTURES ON AUSCULTATION, PERCUSSION, ETC.

DELIVERED AT THE

BELLEVUE HOSPITAL MEDICAL COLLEGE, DURING THE PRELIMINARY TERM.

SESSION OF 1861-62.

BY AUSTIN FLINT, M.D.,

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

LECTURE VII., PART I.

Exaggerated Vesicular Murmur.—Weak Respiration.—Suppression of Respiratory Sound.—Shortened Inspiration in Emphysema and in Bronchial Respiration Contrasted.—Prolonged Expiration in Emphysema and in Bronchial or in Broncho-Vesicular Respiration Contrasted.

GENTLEMEN:—In my last lecture I considered several important morbid signs obtained by auscultation, viz. the bronchial, broncho-vesicular, and cavernous respiration, including the variety of the latter called amphoric respiration. The characters which distinguish all these signs from the normal vesicular murmur, involve differences relating to intensity, pitch, quality, and rhythm. I shall now speak of several signs which are modifications of the normal vesicular murmur only as regards intensity or rhythm, the characters of the normal murmur in other respects not being essentially altered.

And the first of this group of signs is exaggerated vesicular murmur. The abnormal characteristic of this sign consists, exclusively, in augmented intensity; the pitch, quality, and rhythm are the same as in health.

How can we determine that the murmur is abnormally exaggerated, since, as has been already stated, the intensity differs widely within the limits of health? We cannot say that the murmur is ever exaggerated so long as the normal symmetry of the two sides of the chest, in this regard, is preserved. The sign, as a rule, exists on one side only, and in this instance the sign is on the healthy side. Whenever the function of one lung is greatly diminished or arrested, the murmur from the opposite lung becomes intensified. This occurs in pleurisy with large effusion, in cases of pneumonia, especially if an entire lung be involved, and in bronchial obstruction on one side. The exaggerated murmur is sometimes called puerile respiration, because it resembles the intense murmur of early life; and it is called also supplementary respiration because the increased intensity is supplementary to diminished or arrested respiration in the other lung. As a sign, it is not of great practical value, and only claims a passing notice.

Diminished intensity of the respiratory murmur, or weak respiration, without any change in pitch or quality, occurs in various affections. It occurs in cases in which the air-tubes are obstructed either by morbid products or foreign bodies within the tubes, and from pressure on the tubes from without. The presence of mucus, in some cases of bronchitis, diminishes the column of air passing to the air cells so as to weaken the murmur; and, according to the situation of the mucus, this result will be general or limited; it may affect the murmur in both lungs; in the whole of one lung; in a single lobe or in a portion of a lobe. When a foreign body is drawn into the air passages, if it remain lodged in the larynx or trachea, the murmur on both sides will be weakened; but if it lodge in the primary bronchus on one side, the murmur will be weakened on that side, and probably be exaggerated on the opposite side. The fact that the murmur is weakened on one side in these cases may be of importance, in the first place, as leading to the conclusion that a foreign body has been drawn into the air passages, when the patient is a child too young to give us any verbal information; and, in the second place, it is a guide to the situation of the foreign body, showing that it is in either the right or the left bronchus. The latter is important information for the surgeon, when it is deemed advisable to open the trachea to extract the foreign body.

Diminished intensity of the respiratory murmur occurs also when the free passage of air from the bronchial tubes into the air vesicles is obstructed by the permanent dilatation and distension of the latter with air in emphysema. Feebleness of the respiratory murmur, without any marked change as regards quality or pitch, in conjunction with an exaggerated vesiculo-tympanitic resonance on percussion, and certain appearances on inspection, characterizes this affection. But, in addition, there is often a certain change in rhythm, of which I will presently speak.

If the lungs are separated from the thoracic walls by a thin stratum of liquid or air, but not removed far enough to suppress all respiratory sound, or to condense the lung sufficiently to give rise to the bronchial or broncho-vesicular respiration, the respiratory sound is simply weakened.

Again, when the thoracic or diaphragmatic movements are restrained or enfeebled, the respiratory murmur is proportionally weakened. This occurs in cases of hemiplegia in which the thoracic movements on the paralysed side are impaired; and it occurs when the movements on one side are restrained by pain, as in cases of pleurisy, pleurodynia, and intercostal neuralgia.

Suppression of respiratory sound, or silence, may occur under most of the same circumstances which we have just enumerated as diminishing the intensity of the murmur. The air passages may be so obstructed that either no murmur takes place, or it is everywhere inappreciable. This occurs in certain laryngeal affections, viz. acute laryngitis, croup, morbid growths, and œdema of the glottis. In these affections the murmur will be more or less weakened, or suppressed, according to the amount of obstruction, and the effect will be equal on the two sides of the chest. Here let me state that in these, and other affections in which the air passages are obstructed, we can form a better judgment of the degree of interference with the function of respiration, by listening to the respiratory murmur, than by the manifestations or expressions of suffering. Different persons suffer differently with the same amount of disturbance of this function. Some persons, too, are so constituted as to complain or exhibit signs of great distress with an amount of disturbance which others will bear uncomplainingly and with comparative indifference. So long as the respiratory murmur is well evolved over the whole chest, we may conclude that the respiratory function is not compromised to such a degree as to involve immediate danger.

Suppression of respiratory sound on one side occurs when the primary bronchus on that side is completely obstructed, or nearly so, by a foreign body or the pressure of a tumor. It may occur over a limited portion of one side when some of the subdivisions of a bronchus are occluded with mucus in certain cases of bronchitis. It may occur over more or less of either side, or of both sides, in certain cases of emphysema. In all these instances, with suppression of the respiratory sound, as also, of course, when for similar reasons the murmur is more or less weakened, but not suppressed, percussion does not yield dulness nor flatness, and in emphysema the resonance is generally exaggerated.

Suppression on one side generally occurs when the chest on that side is filled with liquid, and usually the murmur is absent below the level of the liquid when it occupies only a part of the intra-thoracic space. Under these circumstances, absence of respiratory sound co-exists with marked dulness or flatness on percussion. The same holds good when the intra-thoracic space is occupied in part, or entirely, by a tumor.

As an exception to the rule, the respiratory sound is sometimes suppressed over solidified lung, as in cases of pneumonia; absence of the sound will then be combined with flatness on percussion, or dulness, the resonance which is present, if dulness exists, being tympanitic in

quality. I say suppression is an exception to the rule over solidified lung. We may expect, in the great majority of cases, to obtain the auscultatory sign of solidification, viz. the bronchial respiration.

Let me now describe the rhythmical change which frequently occurs in cases of emphysema. The inspiratory sound is not only weakened but shortened. It is shortened because it does not begin with the commencement of the inspiratory act; the act continues one-quarter or one-half, or even a greater fractional part of its duration before the sound begins. The inspiratory sound is said to be deferred. The shortening is the reverse of that which occurs in the bronchial respiration. In the latter, the inspiratory sound is shortened, because it ends before the termination of the inspiratory act; the inspiratory sound is then said to be unfinished. Moreover, as another point of difference, the deferred inspiratory sound of emphysema does not lose the vesicular quality, and preserves the pitch of the normal murmur, while the unfinished inspiratory sound in the bronchial respiration becomes tubular in quality and high in pitch.

The expiratory sound in emphysema is often prolonged. Owing to the prolongation and the shortening of the inspiratory sound, it may be considerably longer than the latter, and it is also apt to be more intense. Now, this prolonged expiratory sound in emphysema differs from the prolonged expiratory sound in the bronchial or the broncho-vesicular respiration, in this: it is unchanged save in length and intensity, *i. e.* the pitch is unaffected, while in the bronchial or the broncho-vesicular respiration, it is not only prolonged but raised in pitch. The pitch of the prolonged expiration in emphysema is always lower than that of the inspiration, while in the bronchial and broncho-vesicular respiration it is higher than that of the inspiration. I wish to call your attention particularly to this point of distinction, for I am not aware that it has been pointed out except by me. By means of the pitch of the sound, a prolonged expiration, if it exist alone, *i. e.* without any expiratory sound, may always be referred, either to a prolonged and forcible act of expiration, such as occurs in emphysema, or to solidification of lung. And cases in which this discrimination is of practical importance are not very infrequent. A prolonged expiration is reckoned among the signs of tubercle. But simple prolongation is not a sign of tubercle unless the pitch of the sound is raised. So long as it preserves its normal relation to the inspiratory sound, as regards pitch, the prolongation is not evidence of a tuberculous or any other solidifying deposit.

Original Communications.

ANÆSTHETICS IN MIDWIFERY,

BEING A PAPER READ BEFORE THE NEW YORK ACADEMY OF MEDICINE, NOV. 20, 1861.

By B. FORDYCE BARKER, M.D.,

PROFESSOR OF OBSTETRICS IN THE BELLEVUE HOSPITAL MEDICAL COLLEGE, ETC., ETC.

It is now nearly fourteen years since the first use of an anæsthetic agent in obstetric practice. It does not come within the province of this paper to give a history of the discovery of anæsthesia, or of the progress which it made, or of the objections which were at first urged to its use in midwifery. It was at first opposed both on moral and scientific grounds. Even physicians joined in the popular objection that to relieve woman from the pains and pangs of labor, was immoral, and opposed to the express commands of Scripture, because it was said "in sorrow thou shalt bring forth children." But, as Dr. Murphy pertinently remarks, man continues to dine as comfortably as his means permit, notwithstanding it was said, "cursed is the ground for thy sake; in sorrow shalt thou eat of it all the days of thy life," and I think I may safely say that the moral objections to the use of anæsthetics are now no longer urged. Many of the scientific objections to their use, founded purely on *à priori* reasoning, have now been proved by clinical experience to be groundless. We no longer hear it urged "that the pain of natural labor should not be annulled because it is calculated to promote the safety of the mother;" or that "it is a physiological relative of the power or force, and the culminating point of the female somatic forces."

It is no longer insisted "that the mother does not encounter danger to her health or life from the endurance of the pains," or that in operative midwifery, especially in forceps operations, "anæsthesia should not be resorted to because the sensations of the patient afford us our best aid for the introduction of the instrument." We now never hear it said, at least by intelligent men, that the use of chloroform in labor leads to the development of puerperal mania or puerperal fever. The time for *à priori* reasoning on this subject has gone by, as from the many thousand cases, in which anæsthesia has been induced in midwifery, it would seem that from clinical experience, we ought to be able to settle all questions as regards the safety of anæsthesia, the choice of the agent to be used for this purpose, the indications for its use, its effect and value in each special indication, and that the proper and safe mode of administration of the special anæsthetic selected should be distinctly formularized. Yet at this day, were a young physician at the commencement of his professional career to seriously set himself to work to get a clear idea of the principles which should govern his practice, by a careful study of all the recent standard text-books, and of the papers which have been read, and the discussions which have taken place before the learned medical societies in different parts of the world, he would find such a diversity of opinion on the part of those whom he had been accustomed to regard as authority, and such a want of everything like settled principle as to the indications for or against the use of anæsthetics, that his mind would surely be left in doubt and confusion. Let him take up, for example, the most recent work by one of our own number, excellent as it is in most respects, he will find after the announcement that "labor is unquestionably a natural process * * * which should be designated in strict physiological language a 'function,' the question is asked whether it is right to interfere with a function, properly so called, as long as its exercise is normal, and within the true record of nature." The answer given is, "I think not." Again, as an argument why anæsthesia should not be employed in a natural parturition, it is said, "the female, at the most interesting period of her life, the time of labor, should, all other things being equal, have her mind unclouded, her intellect undisturbed, her judgment fully adequate to realize and appreciate the advent of a new and important era in her existence, the birth of her child." It is true, a very judicious list of exceptional contingencies is then enumerated, which would *justify* the accoucheur in the administration of an anæsthetic; but they are enumerated as exceptions, and taken in connexion with the author's definition of natural labor in the first part of the volume, the impression left would be one of great doubt and uncertainty as to the propriety of anæsthetics in midwifery.

If he then should examine the most recent English work, he would find chloroform mentioned incidentally as an agent which might be used with advantage in rigidity of the os uteri, in puerperal mania, in convulsions, in forceps cases, and in turning. He would find also valuable additional suggestions by the American editor in regard to its use.

If he then consults the best of the modern French text-books, while he finds it asserted that "accoucheurs who have often used chloroform, are almost unanimous in the declaration that it has never had the least mischievous effect

upon the mothers' health whilst in all cases it has spared them the sufferings of the last expulsive pains;" and again, "whatever difference of opinion may still remain respecting the influence of chloroform upon the health of the mother, no one doubts its entire innocence as regards the fœtus," and "that it is especially useful in calming the extreme agitation and mental excitement which labor often produces in very nervous women, in those cases in which labor appears to be suspended or much retarded by the pain occasioned by previous disease, or such as may supervene during labor, and particularly indicated by those irregular or partial contractions, which, notwithstanding the intense and almost constant pain which they occasion, have no effect to advance the labor in spasmodic contraction and rigidity of the cervix uteri, in eclampsia, and in the various obstetrical operations;" still he will find the question suggested whether these advantages are not counter-balanced by serious inconveniences, and whether we are authorized to subject a patient to danger, in order to spare intense suffering, when the regular accomplishment of a function is concerned.

In examining the leading medical journals he finds such high authorities as Dr. Barnes, of London, asserting "that he had witnessed such exceeding prostration, after giving chloroform to facilitate the extraction of an adherent placenta, as for three hours afterwards to make him and another practitioner who assisted, apprehensive of the instant death of the patient;" that "in ordinary forceps cases chloroform was not required either to facilitate the operation or to allay pain;" that "under ordinary circumstances turning could not be regarded as a severe or painful operation, and that in many cases chloroform did not facilitate the operation." He finds Dr. Tyler Smith declaring that "he believed post-partum hemorrhage and retention of the placenta occurred more frequently after its use than without it, and that it is contra-indicated where there was deficient action of the uterus as in feeble and tardy labor from inertia, and in cases where hemorrhage was expected;" while Dr. Kidd, who professes to speak from an experience "of 360 cases of midwifery attended or treated under ether, and 1700 under chloroform," regarded it "as invaluable where there is exhaustion, debility, or shock, the result of great or long continued pain," the very class of cases where we have the most reason to dread and anticipate hemorrhage.

In short, the effect of all this study of authorities upon the young practitioner would probably be to bring his mind to the same result as the Scotchman arrived at, who had heard many sermons on free will and predestination, "you can and you can't, you will and you wont, you shall and you sha'n't, you'll be damned if you do, and you'll be damned if you don't."

The experience of no one individual is sufficient to decide all of the points before alluded to, yet the accumulated observations of all who have had large opportunities will eventually contribute to as fixed principles and rules of practice as can in the nature of things be secured in the science of medicine.

In the minds of most medical men the *danger* involved from the use of anæsthetic agents is the grand question above all others. And here permit me to say, that the danger from their use in midwifery, is a question altogether distinct and apart from that of their use in surgery. There has not yet been reported, nor is there any reason for believing that a single death has ever occurred in midwifery practice from the use of *any* anæsthetic agent, where it has been administered by a medical man; and without being able to give statistical evidence in proof of the assertion, I will express my firm conviction, that it has been administered a greater number of times in obstetric than in surgical practice. There are sound and patent physiological reasons why its use should be much less dangerous in the former than in the latter practice.

1st. The conditions under which they are administered are entirely different. In surgery the anæsthetic is used to give relief from an *anticipated* suffering. In obstetrics it is used to destroy pain already existing. There is no law better known in medicine than that the tolerance of narcotics and anodynes bears a certain relation to the intensity of the pain. One suffering from peritonitis or colic can safely and with advantage take a quantity of opium which would be sure to destroy the life of the same individual when in health. For this reason the risk from such an agent must be very much less in obstetrics than in surgery.

2d. The emotional condition of the subject under the two circumstances differs materially, in the one case tending to weaken nerve force and depress the vital powers, and in the other to secure tolerance of such an agent by stimulating and supporting the same elements. I do not stop here to discuss more fully the influence of the emotions as affecting the vital functions, although it is a subject of great importance, and one well worthy of the careful study of every practical man. For my present purpose, I think that the mere statement of the proposition is sufficient to secure its acceptance by every mind. When a subject is about to submit to any painful operation and an anæsthetic is proposed, there is always more or less dread and apprehension as to the result, to which is often added an anxiety in regard to the effect of the anæsthetic, whether it will really destroy all consciousness of pain; and if so, whether it will not also destroy life. But in midwifery the overwhelming desire is to be relieved from the recurrence of the pains, and when the effect of the anæsthetic has once been experienced, it is again sought for with the greatest avidity and confidence.

3d. In midwifery it is ordinarily unnecessary to carry the anæsthetic to the extent to which it is absolutely essential in surgery. In the former it may frequently be carried to the extent of diminishing or destroying sensation, while consciousness is retained; or, if sleep is induced, it is tranquil not stertorous. But in surgery it is absolutely requisite that the patient be perfectly still, and the anæsthetic must be carried to the extent of complete sopor, the test of which is heavy snoring. Even if it be necessary to carry it to this extent in obstetrical practice, as it may be in some cases of natural labor, and ordinarily when operative measures, either manual or instrumental, are demanded, the two conditions which have been before mentioned as greatly modifying the danger from the anæsthetic still remain. Furthermore, it may be added, that the system is prepared by the previous use of the agent in a less degree, because there is now no emotional resistance to the effect of the anæsthetic.

For these reasons, as well as from clinical experience, I never feel the least anxiety in administering an anæsthetic in obstetric practice, while I cannot divest myself from more or less apprehension when asked to do this by my surgical friends, or by my patients, when dental operations are to be performed. Hence I feel warranted in asserting that the question of anæsthesia in surgery is altogether distinct from anæsthesia in midwifery. In this paper I propose to consider exclusively the latter subject.

As regards the anæsthetic agent, my remarks will especially refer to chloroform, as this is the agent in which I have had by far the larger experience, and I very much prefer it to any other. My reasons for preferring the chloroform to sulphuric ether are the following:—1st. Its odor is to most persons much more agreeable, and it is much less persistent. When sulphuric ether is used, it frequently at first produces more or less irritation of the bronchi, and an annoying cough or choking is excited. The effect of this is bad, both on the patient and the surrounding friends. It excites apprehensions which more or less tend to counteract the influence of the agent from emotional causes. In the lying-in room everything should be quiet and tranquil, and confidence should be inspired instead of anxiety. It is true, this influence is but temporary, but it is better to dispense with it if possible. If sulphuric ether is used for any length of time, as is often necessary in obstetric practice, the room becomes filled with the disagreeable vapor, the inflammable

character of which is a consideration not altogether to be disregarded.

2d. A much less quantity of chloroform is required, and its effects are much more rapid. In midwifery this is a very great advantage, for we are saved in the great majority the preliminary stage of excitement, which the ether produces, and we are able to use the agent for each recurring pain, the patient in the interval being comparatively free from the influence of the anæsthetic. Thus, in the aggregate, not only is a much less quantity of the agent required, but the patient is not exposed to the danger from the anæsthetic, if any danger there be, for a much shorter period of time.

3d. By chloroform we are able to regulate the degree to which we may desire to carry anæsthesia, with a certainty and security that is not possible with the ether. In surgery this argument can have no weight because it is always necessary to induce complete anæsthesia, but in midwifery, as has already been stated, this is not desirable. On the contrary it is generally to be avoided. These reasons will be deemed by all sufficient for the preference, if it be conceded that the two agents are equally safe. Now as chloroform has been used in many thousand cases of midwifery practice, and there is an absence of all proof, that in a single instance has death resulted from its use, I think we have in the above reasons good *à priori* ground for believing that it is the more safe of the two agents. The above remarks will apply with equal force to chloric ether; for I presume no one will claim that chloroform diluted with alcohol must be more safe than chloroform diluted with atmospheric air.

In the following remarks I shall aim to point out the indications for the use of anæsthetics in midwifery, and their effect and value in each special indication. The clinical experience on which they are based are 786 cases, occurring as follows:

In 1848,	9 cases,	Sulph. ether.	
1849,	62 "	" "	18. Chlor., 44.
1850,	17 "	Chloroform.	
1851,	34 "	"	
1852,	37 "	"	
1853,	42 "	"	
1854,	56 "	"	
1855,	52 "	"	
1856,	74 "	"	
1857,	81 "	"	
1858,	84 "	"	
1859,	82 "	"	
1860,	84 "	"	
1861,	72 "	"	
Total,	786	Chloroform, 759.	Sulph. ether, 27.

Of these, 577 were cases of natural labor, occurring in my private practice. The others will be classified under their appropriate heads, and were either cases of difficult labor in my private practice, or in my obstetric service at Bellevue Hospital, or were seen by me in consultation.

In a majority of these cases the chloroform was not carried to the extent of inducing profound anæsthesia. The chloroform was exhibited with the recurrence of pain in such a quantity as to destroy the sensation without overcoming consciousness. The length of time under which patients were kept under its influence varied from a half hour to, in one instance, over twenty-four hours. In most patients, the inhalations were not commenced until the second stage of labor, but where any special indications existed it was given any time during the first stage.

The general physiological phenomena of anæsthesia in midwifery have been so fully and so accurately described by Professors Simpson, Murphy, and others, that I shall not detain the Academy with a recapitulation of them. The psychological phenomena have seemed to depend greatly on the antecedent condition of the patient's mind. If the chloroform was administered solely to relieve pain, and she had no apprehension in regard to danger from its use, consciousness was frequently retained or a quiet and tranquil sleep filled up the intervals between each recurrence. But if previously she had been nervous, irritable, and hysterical, bearing the pains badly, or she had serious apprehensions as regards the effects of the chloroform excited by accounts she had heard of its dangers, she may at first manifest great excitement by talking with great volubility, complaining loudly, and weeping hysterically; but by enforcing the strictest quietude in the room, forbidding all noise and conversation, and at once carrying the patient into a state of profound anæsthesia, this condition is soon overcome, and when once overcome, the degree to which the anæsthesia is carried may be speedily reduced. I may mention here, that I never have, in a single instance, in obstetric practice, witnessed the slightest erotic manifestation while a patient has been either partially or completely under the influence of an anæsthetic. I allude to this because it has been urged with great effect as an objection against its use.

The influence of chloroform on the duration of labor is a consideration of a good deal of importance. In a certain class of cases, I am convinced that its effect is undoubtedly to prolong the labor. These cases constitute a minority, and even in them, I have not been satisfied that this apparent objection was not more than counter-balanced by the advantages obtained from its use. In the first stage, I have seen but two cases in which it seemed to retard the progress of dilatation. In both of these, I felt obliged to continue its use because, if the patient was allowed to come out from under the influence of the inhalation, threatening symptoms of convulsions would at once be developed. Yet, for many hours, the uterine contractions would seem to be arrested at once by the inhalation of the chloroform. In one, the chloroform was used eleven hours during the first stage, and in the other twenty-three hours. The first was delivered by forceps at the end of two hours after the second stage commenced, because the symptoms of eclampsia became more and more marked. In the other, the labor terminated naturally, the second stage lasting five hours and a half. I remained with this patient three hours after the child was delivered. But two hours after I left her she had a violent attack of eclampsia. In the second stage the chloroform seems to retard the labor in a much larger number of cases. In this stage the uterine contractions are assisted by the action of the accessory muscles, which are partly voluntary and partly involuntary. These accessory muscles are the abdominal and pelvic, which are brought into action by the pressure of the child upon the irritating structures of the pelvic cavity, which are abundantly supplied with spinal nerves and thus active reflex action is excited. I am not absolutely certain, but that in some rare instances the forceps have been made necessary from this cause; but I have never yet had reason to regret the use of the anæsthetic on this account.

But in a large majority of cases, my experience would lead me to the conviction that the use of chloroform shortens labor. I will mention in detail the conditions under which it apparently produces this result.

1st. In all those cases where inefficient uterine action results from loss of sleep and exhaustion from a prolonged first stage, I have had this fact absolutely demonstrated, as in the following case, as well as in many others less striking:

Nov. 6, 1849. CASE.—The patient, a primipara, was in the first stage of labor eighteen hours. The second stage commenced with very active and efficient uterine contractions; but after a duration of six hours, they commenced to become irregular in their recurrence and gradually decreased in their efficiency and force, until they almost entirely ceased. The head was pressing the perineum without distending it. By auscultation, I found that the sounds of the fœtal heart were becoming more feeble and increasing in frequency, and on account of the child I determined to deliver by the forceps. This was at an early date in the use of chloroform, and my patient had a great

dread of losing her consciousness, but she had a still greater apprehension in regard to the use of instruments. As preparatory then for their use, she consented to inhale chloroform, and came rapidly under its influence, when, to my great surprise, the uterine contractions were at once resumed with great force and efficieney, and the child was born in twenty minutes after she commenced the inhalation of the chloroform. It was at first still-born, but I succeeded in resuscitating it. Since that time, I have repeatedly seen the chloroform act quite as efficiently as an oxytoxic under analogous circumstances as I have seen the ergot. I have recently had a most instructive case which has furnished a new illustration on this point.

Case.—This patient was a primipara also, aged 22, of great moral courage and self-control. She therefore did not send for me until after the first stage was entirely completed, when I learned that she had suffered from regular recurrent pains, sufficient to entirely prevent sleep for more than twenty-four hours. After ascertaining the presentation and position, I at once administered chloroform for the purpose of relieving pain and inducing sleep. A very little sufficed for this purpose, and the labor progressed very slowly but steadily for three hours. After this time, the pains continued with apparently the same force, but the head did not advance. I continued the chloroform for two hours without any change, and I then entirely ceased to give it for one hour, the only effect of which was to keep her awake and permit her to suffer, while the force of the uterine contractions did not increase. I then resumed the chloroform for three hours, the head still remaining precisely in the same position. I now determined to deliver by the forceps; up to this time the chloroform had been used to the extent of relieving pain and producing a tranquil sleep in the interval. As preparatory to the instrumental delivery, I now carried the chloroform to the extent of profound sopor; when at once most active uterine contractions supervened, and three pains were sufficient to complete the delivery of the head. I might multiply my illustrations of this effect by the history of similar but less striking cases, but the above are sufficient to establish the point which I here wish to make.

2d. In rigidity of the os uteri and perineum. In regard to these two points, we find quite a diversity of opinion on the part of obstetricians who are in the habit of using chloroform in midwifery, some asserting that it has a direct influence in effecting relaxation of these tissues, while others affirm that they have not been able to discover that it exerts any influence in this respect. The first condition causes delay in the first stage of labor, and the second delay in the second. I believe the fact to be, that chloroform exerts a most decided influence in overcoming this obstacle in one class of cases. Rigidity of the os results from two entirely different conditions, one of which is speedily relieved by the action of chloroform, while I am not certain that it exerts any special influence on the other. In the one case, it is due to reflex irritation producing spasmodic contraction, which readily gives way when the patient is brought under the influence of the anæsthetic. In the other, it is the result of an antecedent inflammation with an exudative deposit in the areolar tissue, which only yields by a laceration, or what is very much better, an operative procedure, incision. In those cases where it is the internal orifice, which, by its retraction, retards the delivery, the chloroform almost invariably obviates the necessity of the forceps. I think this fact is quite sufficient to counterbalance the objection before alluded to, that it may in some rare cases create the necessity for these instruments.

But this point becomes still more manifest when we refer to resistance of the perineum as a cause of retarded labor. No one condition, especially in primiparæ, is so frequent a cause for the necessity of resorting to the forceps. This, like rigidity of the os, results from two quite different conditions. One where it depends upon an excessive contraction of the muscular fibres that enter into its composition. This obstacle the chloroform invariably overcomes. In the other case it is due to the presence of so great a quantity of adipose tissue as to render this portion of the pelvic wall too inextensible to permit the escape of the head. Here the chloroform will have no direct influence in accelerating the progress of the labor.

3d. The chloroform shortens the duration of labor, in all that class where the pains are diminished or suspended by vivid moral impressions or hysteria, or by pains resulting from the coincidence of some malady, either existing antecedent to or appearing during labor; such as rheumatism of the uterus or other muscular tissues, or sharp pains in the back or abdomen, gripings in the intestines, and the cramps which are occasionally produced by the pressure of the child's head on the sacral nerves. It is unnecessary for me to enlarge upon this point, as the reasons why the chloroform should in all such cases accelerate labor will be sufficiently obvious.

On the whole, then, I am obliged to state my conviction that chloroform accelerates labor in a greater number of cases than it retards it.

I have formerly been in the habit of teaching that chloroform should not be used in face and breech presentations, unless there were some special indications for resorting to it, on account of danger to the mother; as the safety of the child turns in a great measure, in these cases, on the shortness of the second stage of labor. I have now somewhat modified my opinion in this respect, and inculcate the principle that it should be used in these cases, unless there are special indications to the contrary; for the patient is much better prepared for operative proceedings, should they be required in order to hasten delivery to save the child. The indication to the contrary will be inferred from what has been said before, viz. where the assistance of the accessory muscles of parturition is arrested by the action of the anæsthetic.

The value of anæsthetic aid in operative midwifery, both manual and instrumental, is much more generally conceded than in cases of natural labor. Still it will be found that there is here a great diversity of opinion among obstetricians.

Forceps Cases.—Nearly all who have had a large experience in the use of chloroform in midwifery agree as to the propriety and value of this aid, where delivery by forceps is necessary. There are some, however, who do not deem it necessary either to facilitate the operation or to allay pain. Others again do not resort to the anæsthetic until the blades have been applied. In private practice, in consultation cases, and in the obstetric service of Bellevue Hospital, I have applied the forceps in one hundred and thirty-two cases when the patient has been under the influence of chloroform. In only one case since 1848 have I delivered by the forceps without this aid, and in this instance the patient was comatose from an attack of eclampsia. The operation is accomplished with much greater ease to the accoucheur and safety to the patient, if properly performed. If all due precautions are taken in introducing and locking the blades, the danger of injury to mother and child is greatly decreased, because the perfect quietude and tranquillity of the patient are secured, and the operation can be performed with the greatest deliberation and carefulness, which is often impossible when the patient is under great excitement. Especially is this true with regard to the safety of the perineum.

Version.—My experience is limited to twenty-three cases. The advantages of chloroform in such cases may be thus succinctly stated. There is much less resistance to the introduction of the hand, as it is introduced without pain to the patient, it rarely requires to be withdrawn and re-introduced on account of the paralysing effect of the uterine contraction, the external and internal manipulations are much more safely and expeditiously accomplished, and there is less danger of injury to the internal surface of the uterus.

Craniotomy.—I have performed this operation but five

times in the last twelve years. Three of these were hospital cases, and two were cases that I saw in consultation with other medical gentlemen. The advantages of anæsthetic aid in such cases are too obvious to require enumeration. I certainly never would perform the operation without it, and regard it as horrible with it.

Cæsarian Operation.—I have performed this operation once; and from my experience in this case, and a careful study of all the reported cases accessible to me, I have arrived at the firm conviction, that by means of anæsthesia the mortality from this operation, when necessary, will be greatly diminished, and that it will be eventually more frequently performed instead of craniotomy, thus saving the life of the child, and affording a greater chance for the life of the mother. To give all my reasons for this opinion would involve a full discussion of the entire subject, which is not pertinent to the purpose of this paper.

Removal of the Adherent Placenta.—I have been called upon to perform this operation but twice since I have been accustomed to rely upon the aid of an anæsthetic. Its value in these cases is beyond all controversy, and I shall, therefore, not stop to dwell on this point.

It remains for me to speak of chloroform in the various diseases and accidents which complicate labor. In a former paper, which I had the honor to read before this body by appointment of the Obstetric Section, which has been published in the Transactions of the Academy, I have expressed my views as regards the therapeutic indications for, and the value of chloroform in the treatment of *puerperal convulsions.* As a more enlarged experience has only served to confirm these views, and has in no degree served to modify, I will not subject the Academy to the tedium of hearing them repeated. I may simply add that I believe these views are now generally accepted.

In the management of *Placenta Prævia* I have never had occasion to use chloroform. In the cases which I have seen I did not regard it as judicious or justifiable. But I can readily conceive of cases where it would probably be of the greatest service. For example, if the patient was seen early, before any great shock was produced by a great loss of blood, and the os uteri was dilatable, the indication would be to turn and deliver at once, and here the chloroform would be invaluable.

Laceration of the Perineum.—It is stated by Dr. Tyler Smith that he "has met with bad cases of rupture of the perineum" under the use of chloroform. "The patients were relieved from pain, but volition was not suspended, and under these circumstances the violent and fearless straining efforts ploughed up the perineum by the fœtal head in the expulsive pains." All reasoning on the subject would lead to the anticipation that the danger of rupture of the perineum would be greatly diminished by the use of an anæsthetic; but other writers have made statements similar to that of Dr. Smith. None, however, so far as my knowledge extends, have detailed the phenomena of a series of cases, or even of one case, so as to enable us to judge whether the anæsthetic was a mere coincident, or bore the relation of cause and effect. My own experience would lead to a contrary result, for to the best of my knowledge, anything like a considerable laceration of the perineum has occurred but twice in all the cases in which I have administered chloroform, one of which would seem to confirm to a certain extent the views of Dr. Smith. The patient was well under the influence of chloroform, and fifteen minutes before the delivery of the head I had made a careful vaginal examination and found it still high up in the pelvic cavity. I was greatly astonished at the rapid delivery, and no little disgusted to find a fearful laceration of the perineum. Very good union, however, took place without operation. She has been confined twice since this labor, and in both instances the second stage has been unusually long. The other case occurred recently at Bellevue Hospital. The patient was a primipara, thirty-two years of age, and was delivered by me with the forceps. In this case, by careful measurement, it was found that the occipito-mental diameter of the fœtal head was six and five-eighths inches, one and one-eighth inch beyond the ordinary normal measurement. I may be pardoned for mentioning one extraordinary incident connected with this case: the patient came near dying from hemorrhage, not from the uterus but from the lacerated vessels of the perineum. Both mother and child have, however, since done well.

Post-partum Hemorrhage.—It is stated by several authors that the liability to this accident is manifestly increased by the use of an anæsthetic in labor; yet here, as in the preceding accident, there is an entire absence of anything like statistical evidence that this is the fact. In my own private practice, I have not met with a single instance of this occurrence, but I have seen quite a number of cases where this has occurred in the practice of others, and where no chloroform has been used. I do not ascribe the exemption which I have had entirely to the use of chloroform, although I do regard it as having exerted a manifest influence in this regard. The great security against post-partum hemorrhage lies in the efficient and permanent contraction of the uterus after delivery. What is termed uterine inertia is often but another name for uterine exhaustion, and this must certainly be much less likely to occur where the nerve force and vital powers have been saved by the use of an anæsthetic. It seems to be believed by some that the effect of anæsthetics is to depress the vital powers, and if this were true, post-partum hemorrhage would inevitably occur more frequently after their use. A committee of the Boston Society for Medical Improvement have just made a report "On the alleged dangers which accompany the inhalation of the vapor of sulphuric ether." The report is one of great value and interest, although none of its statistics and little of its reasonings will apply to the subject of this paper. In summing up their general conclusions, the first statement of the committee is, "The ultimate effects of all anæsthetics show that they are depressing agents. This is indicated both by their symptoms and by the results of experiments," etc. It seems to me that this statement needs to be greatly modified in order to express scientific truth.

Under certain circumstances and conditions, anæsthetics are in no sense depressing agents, but their effects are quite the contrary. I will illustrate the truth of this assertion by two striking examples. In 1853 I administered chloroform, in Brooklyn, to a patient of Prof. Carnochan, on whom he performed the operation of tying the external iliac, on account of an aneurism which extended from the origin of the femoral profunda upwards, below Poupart's ligament, as far as the middle of the external iliac artery. Previous to the administration of the chloroform, the patient was in an extremely prostrate condition, probably due to emotional causes. The lips were pallid, the surface was cold, and the pulse very rapid, thread-like, and feeble, and I was exceedingly apprehensive as to the effects of the anæsthetic. But after the inhalation the surface became warm, the pulse full and equable; and during the whole operation its frequency was not eighty-four beats in a minute. In 1858 a patient was brought into Bellevue Hospital who had suffered from a severe burn of the leg, the whole tissue of the lower part of the leg being destroyed and the knee-joint entirely denuded of all flesh. It happened to be just the hour of my clinic, and Prof. J. R. Wood, who had decided to amputate immediately, requested me to administer sulphuric ether. For reasons which I then assigned I declined to administer the ether, but I proposed the chloroform, to which Dr. Wood assented. The patient was at this time suffering fearfully from the shock. Hardly any pulse could be perceived at the wrist, the surface was cold and he was violently delirious. Dr. Wood amputated before a large number of students and medical men. As soon as the patient came under the influence of the chloroform, reaction came on, heat of surface returned, the pulse became natural as to its force and fulness, the patient was perfectly quiet, with a smile on his face, and remained so the whole time that he was under the influence of the anæsthetic.

Now, such facts as these, although perhaps not so striking, are familiar to every one who has had much experience in anæsthetics, and I think they conclusively show that the statement of the Boston committee should be essentially qualified.

Effects of Anæsthetics on Puerperal Convalescence.—It is very generally asserted that convalescence is much more rapid where an anæsthetic has been used during labor, but the physiological changes implied in the term puerperal convalescence, such as the involution of the uterus, and the restoration to their normal state of the other parts involved in the process of parturition, can in no possible degree be accelerated by the use of chloroform.

But, as a rule, the general condition of the patient for the first few days immediately succeeding labor, is beyond all doubt much better where the anæsthetic is used than where it is not. I have never had a patient suffer from headache, delirium, vomiting, and the various other unpleasant sequelæ which have been ascribed to this agent. This may be partly due to the article which I have used. With very few exceptions, I have only used Duncan and Flockhart's or Squibb's chloroform.

In conclusion, I submit the following propositions as a basis for the discussion of the Academy.

1st. Anæsthetic aid is of the greatest value in the obstetric art, and chloroform is generally the preferable agent for this purpose.

2d. It exerts no injurious effect, when properly administered, either upon the health of the mother or the child.

3d. It is perfectly justifiable to use chloroform in natural labor, solely for the purpose of relieving pain.

4th. It is especially useful in calming the extreme agitation and mental excitement which labor often produces in very nervous women.

5th. It should be administered in those cases of natural labor where the progress is suspended or much retarded by the pain occasioned by previous diseases or such as may supervene during labor, and in those cases where the irregular and partial contractions occasion intense and almost constant pain, but have no effect to advance the labor.

6th. It is of great service in spasmodic contraction and rigidity of the cervix uteri, in tetanic rigidity of the perineum, in certain forms of puerperal convulsions, and in the various obstetrical operations.

A SUCCESSFUL CASE OF OVARIOTOMY.

By G. J. FISHER, A.M., M.D.,

OF SING SING, N. Y.

M. T., aged twenty-three years, was married at twenty, at which time she was a tall, slender, but healthy girl, weighing 117 lbs. Her parents are living and healthy. Menstruation commenced at the age of fourteen, and continued physiologically both as regards time and quantity up to the period of her marriage. On the bridal day while standing in the vestibule of the church, being thinly clad, she experienced a succession of chills, which were not, however, followed by any severe illness.

Menstruation ceased from the date of marriage in consequence of pregnancy, although at first it was not attributed to this cause, but regarded as the effect of cold. The whole period of gestation was characterized by unusually severe symptoms. A marked enlargement of the abdomen was early observed, which being in disproportion to the time of gestation, was a source of anxiety and annoyance to the patient, as this fact was likely to give rise to unfounded suspicions and remarks in regard to the true stage of development.

At the complete expiration of nine calendar months from the date of marriage I was called to attend her during confinement. Her abdomen was remarkably large and prominent, from which circumstance it was conjectured that she would give birth to twins. After eight hours of natural labor she was delivered, by feet presentation, of a healthy, well formed female child, of eight pounds weight.

After the birth of the child, the abdomen remained nearly as large as is usual at the full period of gestation; distinct fluctuation was detected, and for a little time I supposed a second fœtus would be expelled. The placenta was cast off by a single uterine contraction; the os was firmly closed, and the body of the uterus, as then discovered per vaginam, being small, the idea of twins was abandoned, and encysted dropsy diagnosed. The subsequent puerperal period passed without notable symptoms.

From this period, through many months, the patient took a variety of remedies, both rational and empirical, with a view to remove the dropsical accumulation, but without the slightest benefit.

The distension of the abdomen constantly increased, and finally became so great as materially to impair the functions of digestion, respiration, and circulation. The patient being anxious for relief, paracentesis was advised and performed August 30, 1860. The trocar was introduced midway between the umbilicus and left anterior superior iliac spine. The fluid drawn off was of an olive brown color, gelatinous and highly albuminous, eminently characteristic of cystic ovarian disease. After the removal of the fluid a flattened, irregular, nodulated mass was readily defined, occupying the lower region of the abdomen, rather the larger portion of which was inclined to the right; however, it was difficult to determine positively from which ovary it had developed.

The following is a statement of the dates of the several operations of paracentesis, and the quantities of fluid, in pounds, discharged: August 30, 1860, twenty-four; November 30, twenty-seven; February 22, 1861, nineteen; May 4, thirty; June 28, thirty-four; August 29, forty-six. Total, one hundred and eighty pounds. Two cysts were emptied at each of the two last tappings; one being evacuated, the trocar was again introduced and thrust onward, and made to enter another, thereby demonstrating the polycystic character of the growth.

Sept. 17, 1861, Prof. Charles A. Lee and Dr. Philander Stewart, of Peekskill, joined me in consultation in regard to the propriety of ovariotomy. The result was the unanimous advice of the operation, to which the patient and the relatives most cordially consented.

The patient was much emaciated, and gave unmistakable evidence of a rapid exhaustion of the vital powers; she had suffered from frequent attacks of recurrent circumscribed peritonitis, which had resulted in adhesions; also from pain; loss of sleep; the necessity of tapping at constantly diminished intervals, to render life tolerable; the increase in the number and capacity of the cysts, which from containing twenty-four pounds at the first, held forty-six at the last tapping; and a total loss of nearly two hundred pounds of fluid in one year, rich with the elements of the blood; these were all circumstances to urge the performance of the operation of ovariotomy as offering the only chance of protracting life.

Sept. 24, being the day appointed for the operation, Prof. C. A. Lee, Dr. P. Stewart, Dr. T. Snowden, and E. D. Fuller, all of Peekskill; Dr. N. Nivison, of Yonkers; Dr. J. Langer, of Davenport, Iowa; and Mr. T. J. Acker, my medical student, were present. The temperature of the room was brought up to 80° of Fahrenheit's scale, with directions to maintain it at that point. The windows and doors were to be kept closed to avoid air currents. The instruments were arranged on a stand, and covered, to conceal them from the observation of the patient. The operating table was placed near a window admitting a good light. The patient, who was not allowed to see any of the medical gentlemen who were invited to be present, and who was in a very tranquil state of mind, was arranged upon the table, her head and shoulders being somewhat elevated; her legs, which were carefully enveloped in warm woollen blankets, were permitted to hang over the end of the table, and rest on a stool. Care had been taken the day previous to evacuate the bowels, after which a full dose of tinct. of

opium had been administered. No solid food had been allowed for twenty-four hours.

About three o'clock P.M. the patient, having previously taken a good "whiskey toddy," was brought under the full influence of a mixture of chloroform and sulphuric ether, in the proportion of one-third of the former to two-thirds of the latter. The pulse, 110 before the anæsthetic was given, when partially under its influence rose to 120, but sank to 104 when consciousness and sensation were suspended, and the operation was commenced. As soon as the patient became insensible the professional gentlemen were quietly admitted, having been previously advised to lay off their coats, on account of the high temperature of the room, and enjoined not to converse or in any way to excite the patient.

I hope the reader will excuse the minuteness of detail. In an operation involving so great a risk to the life of the patient, and one which the surgical profession in general are still reluctant if at all disposed to recommend, it is highly important that *all* the so-called minor details should be borne in mind and practised. It is by strict attention to the totality of the little circumstances of the operation, that success so much more frequently attends the recent than formerly reported cases. By increased care in these particulars we may yet expect a less degree of mortality from ovariotomy, and soon hope to remove the prejudice which many respectable surgeons, even at this time, entertain in regard to the propriety of the operation under almost any circumstances, notwithstanding the mortality is now less than follows almost any of the capital operations of surgery. I am happy to take this opportunity of expressing my obligations to my friend Dr. W. L. Atlee of Philadelphia, whom I met the day previous, for having kindly communicated to me all the particulars which an experience of sixty-four operations of ovariotomy had taught him, were quite essential to success.

Drs. Fuller and Nivison took charge of the anæsthetic. Dr. Stewart acted as my principal assistant, standing upon the left side of the patient, my position being upon the right. Drs. Lee, Langer, Snowden, and Acker, rendered valuable aid in supporting the abdomen, etc. The catheter was introduced; the bladder was found nearly empty.

Operation.—An incision was made through the abdominal walls, commencing two inches below the umbilicus and extending four inches towards the pubes. The peritoneum was carefully opened; the index finger introduced, acting as a probe, discovered extensive adhesions, which were broken up with considerable force. The peritoneal opening was then enlarged to the extent of the outer incision, viz. four inches; no serum escaped from the cavity of the peritoneum. The hand was then introduced and passed over the surface of the tumor, boldly detaching the extensive and firm adhesions which were encountered.

A large trocar was plunged into the presenting cyst, and several gallons of the peculiar mucilaginous fluid drawn off; the hand was again introduced to detach other extensive adhesions, some of which were so firm as to require the use of the knife. Another large cyst was brought forward and tapped, and in like manner a dozen or more cysts, varying in size, were brought forward and their contents discharged. Large masses composed of an aggregation of small cysts were drawn to the external opening, and when too great to pass readily, they were freely incised with a view to diminish the bulk and facilitate their removal.

The pedicle, which was developed from the right broad ligament of the uterus, was wide, but not very thick nor fleshy; it was long enough to admit of being brought external to the abdomen, for the adjustment of Dr. Atlee's improved metallic clamps, which were preferred to the ligature. The clamp having been applied as closely as possible to the tumor, with a view to increase the length of the pedicle, and screwed down so tightly as completely to prevent hemorrhage, the mass was cut off a little more than half an inch beyond the instrument. This is considered important, as it prevents the possibility of slipping, which would be more liable to occur should the tumor be cut off close to the clamp. The operation was so far unattended by hemorrhage that neither ligatures nor the solution of the persulphate of iron were applied. The adhesions were confined to the walls of the abdomen; the omentum, liver, intestines, and other viscera were free.

The parts having been carefully sponged, the left ovary being examined and found healthy, the peritoneal edges of the wound were nicely coaptated by hare-lip pins inserted an inch apart.

The pins were made to penetrate the abdominal parietes to the extreme edge of the cut peritoneum on one side, and entered at the same point on the opposite side, thus bringing the internal edges of the wound in perfect contact. Over the ends of the pins the figure-of-8 thread-ligature was arranged. This mode of dressing is regarded important, as it avoids leaving a pus-secreting surface within the abdomen. A strip of adhesive plaster was placed on each side of the incision, to support the pins' heads and points and the ends of the clamps. Long strips were also applied transversely to the wound, between the pins, across the abdomen. Over all, an oiled cloth and a large compress were laid; the abdomen was then enveloped with a broad double white flannel bandage neatly and snugly pinned. The anæsthetic, which had acted charmingly, causing very little nausea and vomiting, was discontinued, the patient placed carefully in bed, and allowed to recover her sensibility and consciousness, which she soon did. The operation occupied about one hour.

The tumor and its contents were not weighed. At the last tapping, forty-six pounds of fluid were drawn from two of the cysts; several gallons were contained in cysts that had never been punctured, making the total weight of fluid, at a low estimate, sixty pounds. Some of the more solid and fleshy portions, consisting of the walls of the large cysts and multitudes of small cysts, from the size of pins' heads to that of grapes and hens' eggs, contained a glairy, almost semi-solid substance—perhaps best termed colloid—while others were filled with an unctuous, lardaceous substance, resembling tubercular depositions. The non-liquid portion of the tumor weighed, at a low estimate, from fifteen to twenty pounds, which would give the total weight of the mass and its contents not less than seventy or eighty pounds.

The following notes of the progress of the case, subsequent to the operation, were kindly furnished by my friend, Dr. P. Stewart, to whose watchful care and skill both the patient and myself are largely indebted for the successful issue of the case. September 25th, 6.30 A.M.—Pulse 112. Patient slept but little last night, notwithstanding she had taken seventy-five drops of McMunn's elixir of opium, which preparation usually acts well in her case. Vomited three or four times in the course of the night; complains of pain in the back and hips. 10 o'clock A.M., pulse 124. 7 P.M., pulse 136. Other symptoms remain much the same as in the morning; occasionally vomiting through the day. Diet has consisted of cracker-water. Sixty drops of elixir of opium were given in divided doses, at 8 and 11 o'clock P.M. Sept. 26th, 6.30 A.M.—Pulse 112. Rested better than the night previous; enjoyed some sleep; no vomiting; skin moist; tongue slightly coated; no pain or tenderness of the abdomen; complains of great thirst. 1.30 P.M.—Pulse, 110. 7.30 P.M.—Pulse, 104. Ordered cracker-water with milk, and weak beef-tea, in moderate quantities. Directed forty-five drops of elixir of opium to be taken at bed-time. Sept. 27th, 7 A.M.—Pulse, 120. Slept but little last night; bilious vomiting occurred two or three times during the night. Patient complains of great oppression at the epigastrium; restlessness, and frequent sighing. The skin is perspirable; tongue a little redder than natural, and insatiable thirst. 2 P.M.—Pulse, 128. 8 P.M.—Pulse, 116. Directed the free use of beef-tea; cracker-water *ad libitum;* thirty-five drops of elixir of opium *pro re natâ.* Sept. 28th, 8 A.M.—Pulse, 112. Patient reports herself as feeling much better; slept pretty well last night. The sense of oppression at the epigastrium con-

tinues, however. She has taken one hundred and twenty drops of the opium during the past twenty-four hours. The countenance is better than at any time since the operation. Dr. Fisher visited her at one o'clock P.M. The wound was examined; the pedicle had sloughed; the clamp was found lying loosely upon the abdomen, and was therefore removed; there had been no hemorrhage; the wound had nearly united by first intention; the pins were removed. Abdomen slightly tympanitic. 7.30 P.M.—Pulse, 120. Former treatment continued. Sept. 29th, 8 A.M.—Pulse, 128. Rested well last night; feels refreshed and comfortable this morning; everything looks favorable; continue diet and opium. Sept. 30th, 7.30 A.M.—Pulse, 130. Rested and slept well last night; all the symptoms are satisfactory. 7.30 P.M.—Pulse, 120. Continue treatment. Oct. 1st, 8 A.M.—Pulse, 112. Passed another good night; countenance cheerful. An enema of soap and water moved the bowels gently, but efficiently. [The Dr. has neglected to mention the use of the catheter two or three times a day during the first week.] 4 P.M.—Pulse continues at 112. Oct. 2d.—The patient is very comfortable; the tongue remains a little red and tender. She has a desire for food, for the first time; bread and butter and beef-tea are allowed.

Dr. Stewart adds:—"From this time the patient has gradually improved, until the present (Oct. 15th), three weeks from the date of the operation. The pulse is now at 94, and the wound has healed."

Since the above clinical notes were made, I have visited the patient on two occasions; the last as recently as the 9th day of November, nearly seven weeks after the operation, at which time she had been up about her room; she was free from pain and tenderness of the abdomen; the wound had entirely healed; the appetite was good, the digestion easy, the bowels regular, the sleep natural, the mind cheerful, and in every respect the patient was doing well, and hoped soon to be able to resume the cares of her household.

A CASE OF CANCEROUS CACHEXIA.

By J. F. READ, M.D.,

OF FAIRFIELD, GREEN CO., O.

Mrs. Longstreth, aged 31 years, the mother of eight children, had, as far back as my memory serves me (a period of some fifteen years, perhaps), a slight discoloration of the skin about half an inch from the external canthus of the right eye. It was of a brownish cast, slightly raised above the surrounding surface, of a diameter of four lines. It underwent no change whatever, in point of color, size, or appearance, until last August two years ago, when it commenced to enlarge, she being at the time slightly advanced in her eighth pregnancy. The increase in size was comparatively rapid, and in February, 1860, the growth was as large as a turkey's egg, having a pediculated base three-fourths of an inch in diameter. It was of a dark brown color, exceedingly irregular upon the surface, studded over with convolutions, separated by fissures of considerable depth. From these fissures there issued a very troublesome and exceedingly offensive hemorrhagic discharge. This discharge was at times very copious, and it was on this account more particularly that she sought aid. The surrounding surface appeared to be healthy, save the veins of the upper eyelid, which were very much enlarged and somewhat tortuous in their course. From its mechanical weight it had given rise to considerable deformity about the eye. I concluded to remove the mass by a crucial ligature, being fearful of troublesome hemorrhage from the use of the knife. There was no enlargement or soreness of the lymphatic glands in the cervical region, or in the axilla, nor any cough to excite suspicion. I administered chloroform and performed the operation about the middle of Feb. On the sixth day after ligation the tumor dropped off, leaving a smooth, healthy looking, granulating surface, which cicatrized over nicely in about a fortnight, leaving no trace or appearance of disease. It remained healthy for several months, when a livid growth sprang up upon the tarsal cartilage of the inferior lid, the size of a small filbert, which I touched with nitric acid, causing its disappearance. I then lost sight of my patient for some months, at the end of which time I called, and to my astonishment found, at the angle of the inferior maxillary bone, an open malignant ulcer of two and a half inches in diameter. There was no pain or soreness complained of, but an offensive discharge of a sanguinolent character, and at short intervals so very copious and free that it would almost exsanguinate her. This condition of things contined during the winter and spring, never allowing her, however, to fully recover from the previous attack, before she knew a subsequent one. She grew weaker and weaker, until finally she was unable to walk, her appetite remaining good and her digestion unimpaired all the while. The cervical and axillary glands gave no indication of disease during this whole period. But, without any show of trouble in those regions, about the last of spring she began coughing, which continued during the remaining three months of her existence. Her cough was unattended by expectoration, and its character appeared to be bronchial. She appeared so weak at this time that I was unable to make a physical examination. She was once attacked with hæmatemesis, under which she was with great difficulty revived.

Several months before dissolution, along the course of the principal superficial veins throughout their entire extent, there were developed spots or marks about the shape and size of the one that marked the development of the disease. They were not permanent, however, but would disappear from their first site and reappear in a new locality. These small nodules made their appearance in different veins of the body during the life of the unfortunate sufferer.

I considered this case as one which illustrates in quite a marked manner the development of a cancerous cachexia. The disease first showed itself at the corner of the eye and afterwards over the angle of the jaw, thence travelling to the superficial veins, stomach, and lungs. The symptoms of its progress were to my mind very conclusive, although I have to regret that no post mortem was allowed to make "assurance doubly sure." There is also another interesting point to note in connexion with the case, and that has reference to the utter futility of an operation. At the time of the operation, I was satisfied that all the disease was removed; but soon after, to my surprise, I found that it had developed itself in a more formidable manner, not only at the angle of the jaw, but in the internal organs.

Revaccination of the Prussian Army in 1860.—During the year 1860, 69,096 individuals were either vaccinated or revaccinated. Of this number 57,325 exhibited distinct cicatrices from former vaccinations, and 7420 distinct cicatrices, while 4151 showed no marks at all. The vaccination went through its regular course in 44,193 cases, was irregular in 8256, and was without result in 16,647. These last vaccinations again gave 5577 examples of success, and 11,650 failures. During the year there occurred among the above soldiers, who were successfully revaccinated, and others who had been so in former years, six cases of varicella, and one of varioloid, but no case of variola was met with. Thus, during the year 1860, out of 69,096 vaccinations, 49,770 proved successful, *i.e.* 72 per cent. In the entire army there occurred 44 cases of pock during the year 1860, viz. 17 varicella, 23 varioloid, and 4 variola. Of these, 3 of the cases of varicella, 14 of varioloid, and 3 of variola, occurred in persons who had not been revaccinated; 8 of varicella, 8 of varioloid, and 1 of variola, occurred in those who had been revaccinated without effect; and the remaining 7, as stated above, occurred in those who had been revaccinated with success.—*Med. Times and Gazette, from Preuss. Med. Zeitung*, 1861.

Reports of Societies.

OBSTETRICAL SECTION.

NEW YORK ACADEMY OF MEDICINE.

Stated Meetings, *June and October*, 1861.

ALFRED UNDERHILL, M.D., Chairman.

[Reported by M. G. PORTER, M.D., Secretary.]

DISCUSSION ON SCARLATINA (*continued*).

DR. JACOBI believes that vomiting, which had been classed one of the first and most important symptoms of this disease, occurs in consequence of the intensity of the fever, and that it is not diagnostic, inasmuch as it exists rarely in most of the diseases of children. In all cases, when the fever is high we find vomiting as a symptom; considered scarlatina eminently a disease of a paralytic character; explained this view by reference to cases of anæmia, and thought the treatment by tonics and stimulants borne out by pathological facts. The causes given by authors of the dropsy ensuing after scarlatina are; 1st, the general poisoning by the peculiar scarlatinous poison, whatever it is; 2d, the impermeability of the skin during the process of eruption and desquamation; 3rd, the influence of sudden cold, especially during the period of desquamation; and 4th, (which he deemed the most important) the scarlatinous process taking place in the kidneys, as well as elsewhere. There are few cases in which these organs are not affected; believes now, that the cases of sudden death on the first day are due to sudden and acute uræmia instead of the effect of the scarlatinous poison as he had formerly supposed. In his experience, the remedies which have the most direct effect upon the kidneys are the best; the most reliable being tannic acid, ferri sulphatis, and tinct. ferri muriatis. These are excreted in the same manner, and produce like effects, though the first is only applicable in such as he would call chronic cases; has had bad results from salines, digitalis, etc.; they irritate and stimulate the kidneys too much; spoke of a case under his care five or six years ago, in which digitalis was given and reduced the anasarca very rapidly, but afterwards the patient sank and died notwithstanding all his efforts. By combining calocynth with the tannin, its astringent effect is avoided. To a child three or four years old, give from eight to ten grains of tannin in divided doses per diem. The remedy is well tolerated, and he often gives it for five or six weeks. The secretion of urine is increased very soon.

DR. GARDNER said that when he went home from the last meeting of the Section, his thoughts were engrossed with the symptoms of vomiting as diagnostic in this disease. He had since seen several cases in which vomiting was the first symptom, and which resulted in measles; mentioned a case of scarlatinous anasarca in which the use of chlorate of potash dissolved in syrup of squills was followed by good results. His general plan of treatment for this disease and its sequelæ, was tonics, bark, iron, &c.; had seen two cases of pyæmic abscesses after scarlatina, and believed sequelæ generally occurred after the milder cases of scarlatina.

DR. SEWALL lauded daily warm baths, and the use of acetate of potash during desquamation to prevent anasarca. Mentioned a case of extreme deafness in a child of eleven years, which had existed nine years, and another of metastatic abscess following scarlatina.

DR. BLAKEMAN said that vomiting, as an early symptom, had not attracted his attention, but he had lately attended several cases in which it did not occur at all; had often seen rheumatism follow scarlatina.

DR. GARRISH related a case of scarlatina, which, on the fourth day, was complicated by a variola eruption, and followed by coma, but the patient recovered; related a case resulting in anasarca, and had often seen furunculi and pyæmic abscess follow scarlatina; believed scarlatina contagious, and thought he conveyed it to his own child. In regard to otorrhœa, after this disease, his treatment would be palliative, viz. injections of warm water, mucilage of slippery elm, flaxseed, etc., and after a few days, a weak solution of alum, also counter-irritation with blisters or tinct. iodine over the mastoid process.

DR. BUDD said the reports of Deaf and Dumb Asylums assert that the majority of cases of deafness not congenital result from scarlatina. He disagreed with Dr. Jacobi, and thought the function of absorption in the skin was not arrested in this disease, and illustrated his position by reference to the practice of inunctions for the relief of scarlatina, and to the external use of opium, which he had known produce its constitutional effects.

DR. BATCHELDER stated in regard to the sequel otorrhœa, that the course of the inflammation was through the eustachian tube and internal ear, rupturing the membrana tympani, and extending even to the mastoid cells. Many cases thus ended fatally. Dr. B. thought the symptom of vomiting in the diseases of children arose from an irritation of the medulla oblongata.

DR. HUBBARD believed cleanliness and fresh air the only treatment of much service for otorrhœa; the fetor of the discharge might be dissipated by a solution of the nitrate of lead as a disinfectant. Of dropsy following scarlatina, thinks in most cases there exists congestion of the kidneys, and considers counter-irritants, fomentations, digitalis, colchicum, and occasional cathartics of jalap and cream of tartar, the best remedies.

DR. BLUMENTHAL remarked that in addition to the usual sequelæ, he had met with a case of amaurosis with total blindness; another of idiocy, and another of almost complete loss of speech, which were ascribed to scarlatina. He also mentioned rheumatism, chorea, glandular swellings, and abscesses, as of common occurrence.

DR. PRINCE believed the sequelæ enumerated were, perhaps, generally the consequence of the milder cases of scarlatina, which might, he thought, arise from the deficient care such cases were likely to receive. He thought scarlatina awakened many latent diseases to which children are predisposed; knew of a case of idiocy which appeared to support this opinion.

DR. LUDLOW thought that the most dangerous sequelæ were effusions into the large cavities; had known recovery after convulsions occurring in the course of the sequelæ.

DR. VAN KLEEK considered scarlatina one of the most alarming and serious of diseases; had known a number of cases of deafness from otorrhœa succeeding this disease—and one in which both external and internal ear were entirely destroyed—related a case in which there occurred after scarlatina, blindness from ulceration of the cornea, convulsions, dysentery, and death. He corroborated remarks of previous speakers respecting the more frequent occurrence of sequelæ after mild cases, and stated several cases of sudden death, and one followed by jaundice and chorea.

DR. JOEL FOSTER had seen many cases of albuminuria after mild attacks of scarlatina, and several in which the parotid gland was unaffected, while the surrounding lymphatics were much swollen.

DR. J. L. SMITH said his experience accorded with that of the other gentlemen, and he thought there was no disease in which we should be more cautious in our prognosis; thought the anasarca after scarlatina might arise from an anæmic condition of the system.

DR. POND was of the opinion that in the swellings of the neck the inflammation was located in the cellular tissue.

DR. CHURCH had within the past year seen several cases of rheumatism following scarlatina in which there had been no anasarca—and it had been a question with him whether the treatment he had used for the former, viz. iodide of potash and colchicum, had prevented the latter. He added that in his practice during the months of May and June last, nearly every case of scarlet fever was followed by rheumatism, while anasarca occurred in none.

(To be continued.)

American Medical Times.

SATURDAY, NOVEMBER 30, 1861.

IMPROVED MILITARY SCIENCE AND THE DUTIES OF THE ARMY SURGEON.

Ambrose Parè, the famous Chirurgeon to three consecutive Kings of France, writing, now nearly three hundred years ago, "of wounds made by gun shot, other fiery engines, and all sorts of weapons," contrasted the firearms of his time with the warlike weapons of the ancients, and says of the latter, "they seem to me certain childish sports and games made only in imitation of the former." So impressed was he with the destructive power of the "fiery engines" of war in use that he pronounced the following opinion upon the inventor of the gun:—"I think the Deviser of this deadly Engine hath this for his recompence, that his name should be hidden by the darkness of perpetual ignorance, as not meriting for this, his most pernitious Invention, any mention from Posterity." The only comparison which he could make of the effects of "this hellish Engine" (a cannon) "is with thunder and lightning;" greatly, however, at the expense of the latter. He says: "For what in the world is thought more horrid or fearful than Thunder and Lightning? and yet the hurtfulness of Thunder is almost nothing to the cruelty of these infernal Engines." Had the pious Huguenot surgeon foreseen how these "infernal engines" and "Magazines of Cruelty," as he calls them, would multiply in after ages, and be rendered infinitely more destructive of human life, we may well believe that he would have added fearful maledictions to his condemnation of this inventor. But if a collection of the "fiery engines, and all sorts of weapons" of the sixteenth century were to be exhibited in our day, it would be the object of universal merriment. The formidable weapons which then struck with consternation would be regarded as little better than children's playthings compared with the instruments of warfare which are now brought into the field.

The improvements in the various enginery of war are indeed marvellous in our time; even if we compare it with that of a half or a quarter of a century since, It is seen, not only in the comparatively greater precision of firearms, and at greater distances, but in the destructive character of the missiles projected. A favorite order in the war of the revolution, when the old flint-lock musket was the weapon in the hands of the common soldier, was, "hold fire until you see the white of the enemy's eye." Even ten years ago the musket balls would not strike the object at eighty yards, and hence the few wounds which often followed a discharge of musketry, at the distance at which opposing forces generally meet. In Caffraria 80,000 rounds of ball-cartridges fired from the old musket wounded but twenty-five Caffres; and at the battle of Salamanca but one ball in 3000 took effect. Contrast these results with the rifle, which is now principally in the hands of our soldiers. The Enfield rifle is sighted at 1000 yards, and two-thirds of the shots of a company of infantry have been known to take effect upon an attacking body of cavalry. The contrast of the precision of recent firearms with those in use in the early part of this century is strikingly exhibited in the following:—At the actions in Flanders on the 16th, 17th, and 18th of June, 1815, including the battles of Quatre Bras and Waterloo, the number of wounded in the British army was about 8000. The armies approached within 1200 yards of each other, and were for the most part out of reach of all but field guns. Now, balls will take effect at 2000 yards, and the result is seen in the battle of Solferino, where in a single contest 11,500 French, 5300 Sardinians, and 21,000 Austrians were wounded. Another noticeable effect of improved firearms, "*armes de précision*," is the lodgment of several balls in a single person. This was seen after the battle of Solferino, where soldiers were found to have several wounds of different origin in the same person. One was noticed who had received four balls at the same time. The late Col. Baker, who fell at Leesburg, Va., is said to have had no less than five bullet wounds. It should also be stated that the additional force given to projectiles increases largely the number of wounds from a single ball. One Enfield rifle ball has thus been known to wound several persons. The improvements in the destructive capacity of heavy ordnance are in kind and degree like those in small-arms.

The improvement in projectiles is not the least important item in the comparison of the present and the past state of military science. The round musket-ball was very liable to be diverted in its course by blood vessels, tendons, &c.; it was not uncommon to find it traversing large tracts of the body without seriously wounding important organs, or parts. The cylindro-conoidal ball, now so much used, is not diverted even by bone, but penetrates directly every tissue or organ in its track, leaving the most dangerous and destructive wounds.

The bearing of these facts upon the duties of the modern military surgeon are obvious. Not only are his duties greatly increased, but they are rendered far more difficult than formerly. A single battle is liable to overwhelm the present surgical staff with labor, to the great distress and loss of the wounded. Well appointed as is the medical staff of the French army, at the battle of Solferino hundreds of the wounded had to wait for days before they had surgical attendance. At Brescia, 15,000 of the wounded were congregated soon after the battle, most of whom were in urgent need of medical and surgical aid. In the few battles of the sanguinary war which is now upon us, we have witnessed the same lamentable deficiency in the medical force, which has been more and more apparent in recent wars. At Bull Run we hear of dwellings and churches crowded with wounded imploring relief, to whom no other relief came but death. Hundreds are reported to have died of wounds which admitted of prompt succor. We hear of surgeons, who, on that day, stood appalled at the magnitude of their duties, and their utter inadequacy to the task. At Bethel, Leesburg, Belmont, in Western Virginia, and in Kentucky, the fact has become painfully evident that our losses in battle from the want of proper surgical aid to the wounded, are to be enormous.

The French, with characteristic energy, improved their experience, and have in some measure supplied their deficiencies. In addition to the three regimental surgeons, they have organized corps of ambulance attendants, trained to the proper handling of the wounded, and who are made, by special instruction, sufficiently familiar with injuries to be able to succor the severely wounded on the field, as

where hemorrhages are imminent. These semi-medical auxiliaries to the staff of surgeons are of very great service on the field. They follow the advancing column closely; examine the fallen; if their wounds are necessarily immediately fatal, they merely place the soldier where he may die undisturbed and uninjured. If the wounds do not demand immediate surgical attendance, they are temporarily dressed and the soldier is dispatched to the permanent hospital; but if they require immediate operation, such simple dressings as will prevent accident are applied, and the wounded man is sent to the field hospital, where the surgeon is in waiting with assistance. Thus the surgical staff is prepared to meet every emergency, however great it may be.

The medical staff of our army has recently been improved by the appointment of a corps of Brigade Surgeons, and of medical cadets; but even with these additions it may well be questioned if the regimental staffs should not be increased. At the present time they are of the same force as in the war of the Revolution, when, as appears from the above facts, the number of wounded in every considerable battle was less by seventy-five per cent. than in the engagements which we are now to witness. How impotent are the efforts of two surgeons when three or four hundred troops are suddenly smitten with the gravest gunshot wounds! Well may they stand amazed in the midst of their labors at the sight of suffering and death, which they have not the physical power to mitigate or prevent.

Two remedies for this deficiency suggest themselves. Either there should be an increase of the regimental medical staff, equal to any and all emergencies, in addition to a well trained ambulance corps; or there should be a large reserved force of surgeons in civil practice, who can be relied on at any moment when summoned to the assistance of the army corps. During the present war, we believe the latter expedient could be adopted with great success. Most of the battle-fields will be so accessible by steam conveyance, that surgeons could readily be assembled in any desirable numbers before an impending engagement; and we have assurances, that hundreds of our most eminent surgical practitioners are prepared to offer their services to Government gratuitously, under such circumstances. We cannot doubt that considerations like these have already forced themselves upon our authorities, and that our country will hereafter be spared the sickening details of destructive battles, rendered still more sanguinary and fatal from the neglect of the wounded, due to the want of sufficient medical aid.

THE WEEK.

The Board of Health of Philadelphia object to the place selected by the government for a military hospital in that city, on the ground that it is totally unfit for that purpose both in site and plan. The location is represented as being in close proximity to the filthy docks of the river, defective in ventilation as well as in other sanitary provisions. The government must be most unfortunate in the selection of agents to locate its hospitals if they manifest such a total want of regard to the sanitary condition of their vicinity.

—

The U. S. Sanitary Commission commences another session at Washington to-day. We have, from the first, regarded this commission as one of the most important auxiliaries to government in the prosecution of the war. Although its labors are unobtrusive, yet the good results which flow from its well concerted plans are obvious on every hand. It deserves the encouraging support of every patriot and philanthropist. We have several times called the attention of the medical profession to its claims upon their support, and pointed out the methods by which they could give it material aid. Our appeal has not been unheeded, but we hope no one will weary in his contributions of the means by which the Commission can extend its usefulness.

—

We find the following statement in a London contemporary:—"At King's College it is now a rare thing to see an amputation; and Mr. Fergusson asserts that in almost nine cases out of ten, excision should be performed in its stead. He says the risk to the patient's life is not greater; and if so, how great is the advantage of a real though stiff limb, to that of a false one."

—

The following advice to apothecaries by Dr. Bulleyn, an "interesting and sagacious" London practitioner of the last century, commends itself, in some particulars, to the attention of the drug dispensers of our time:—

"The Apoticarye.—1. Must fyrst serve God, foresee the end, be clenly, pity the poore. 2. Must not be suborned for money to hurt mankynde. 3. His place of dwelling and shop to be clenly to please the sences withal. 4. His garden must be at hand, with plenty of herbes, seedes, and rootes. 5. To sow, set, plant, gather, preserve, and kepe them in due tyme. 6. To read Dioscorides, to know the natures of plants and herbes. 7. To invent medicines to choose by coloure, tast, odour, figure, &c. 8. To have his morters, stilles, pottes, filters, glasses, boxes, cleane and sweete. 9. To have charcoles at hand, to make decoctions, syrups, &c. 10. To kepe his cleane ware closse, and cast away the baggage. 11. To have two places in his shop—one most cleane for the phisik, and a baser place for the chirurgie stuff. 12. That he neither increase nor diminish the physician's bill (*i. e.* prescription), and kepe it for his own discharge. 13. That he neither buy nor sel rotten drugges. 14. That he peruse often his wares, that they corrupt not. 15. That he put not in *quid pro quo* (*i. e. use one ingredient in the place of another when dispensing a physician's prescription*) without advysement. 16. That he may open wel a vein for to helpe pleuresy. 17. That he meddle only in his vocation. 18. That he delyte to reede Nicolaus Myrepus, Valerius Cordus, Johannes Plucaton, the Lubik, &c. 19. That he do remember his office is only to be ye phisician's cooke. 20. That he use true measure and waight. 21. To remember his end, and the judgment of God: and thus I do commend him to God, if he be not covetous or crafty, seeking his own lucre before other men's help, succour, and comforte."

—

The danger of drinking water from wells in cities, especially where intra-mural burying grounds exist, has frequently been proven. During the prevalence of cholera it was discovered that that fatal epidemic was propagated partly by the waters of springs and wells supplied by surface drainage. That many a country churchyard thus contaminates the surrounding wells, and gives origin to apparently causeless epidemics, there can be no doubt. The water that filters through these depositories is generally clear and sparkling from the excess of saline ingredients. Mr. Letheby, Health Officer of London, has lately examined thirty-four city pumps, and in every case the water was fouled with surface drainage. In speaking of the influence of the percolations from graveyards, he says:—

"Nor are the percolations from the graveyards of a city

less injurious; experience has demonstrated that this also is a prolific source of disease. Sir James M'Grigor relates that when the British army was in Spain, about 20,000 soldiers were buried in a rather small space of ground; this was done in the course of two or three months, and soon the troops who drank the water from the wells of the neighborhood were attacked with dysentery and malignant fevers. The cause of the mischief was clearly traced to the hardly-recognisable impurity in the water from the shallow wells. Here, however, in the churchyards of this city there are the remains of ten times such a buried army undergoing decay; and in the whole of this metropolis, in a space of not more than 218 acres of soil, there were buried not long since as many as 50,000 dead in the year. In a generation of thirty years this would give us 1,500,000 of decomposing bodies in the surface soil of London; and through these the water percolates to find its way into the porous stratum which supplies the shallow wells. At best, the change of this corruption is but imperfect, and the presence of ammonia and saltpetre tells of the process of decay, and indicates the dangers which accompany it."

—

At the last meeting of the Section on Surgery, Professors Marsh and Porter, of Albany, were present, and the former exhibited several very interesting specimens of fracture of the neck of the femur, supposed to be within the capsule, united by bone. He also exhibited specimens illustrating the importance of exsection of the head of the thigh bone, and remarked that many years since he made a free incision in a case of morbus coxarius, with the design of penetrating the cavity of the joint, but failed to do so. The operation was considered very cruel by the attendants, but subsequently the head of the femur escaped through the incision. Dr. Vedder, of Flushing, exhibited a splint for making extension and counter-extension in hip diseases, which combined lightness and cheapness in the highest degree, the shaft being made of wood.

—

The announcement that a paper "On Anæsthetics in Midwifery" would be read by Dr. Barker, brought together an unusually large number of the members at the last meeting of the Academy. Our readers will find in this number of the Medical Times, the paper in full. The reading of the paper was followed by an interesting discussion (which we shall give in some future number) in which Drs. Delafield, Peaslee, Gilman, Elliot, Stevens, Detmold, Van Buren, and Wooster participated. The paper elicited warm commendations from nearly all of the speakers, but when a paper is well written, and well read, careful criticism is not to be anticipated, as the minds of those who hear it are carried along too rapidly with the reader to admit of careful weighing or close examination. The next meeting of the Academy; on Wednesday, Dec. 4, is assigned for the further discussion of the paper, when undoubtedly views in opposition to it will be heard. The discussion will be opened, by vote of the Academy, by Dr. Geo. T. Elliot.

Hospital at Hartford, Ct.—The hospital at Hartford, Ct., though but partially completed, has gone into operation under Dr. Hawley. The present number of beds is fifty.

Virchow is about to enter the Prussian Chamber of Deputies, and it is expected that he will obtain marked success, as his oratorical powers are very great.

The British Pharmacopœia.—This work is so far advanced as to be promised next spring. Dr. Christison, of Edinburgh, is Chairman of the Committee.

Obituary.*

ELI IVES, M.D., LL.D.

Eli Ives was born in New Haven, February 7, 1779. His father was a physician of eminent worth and large practice in this city. He entered Yale College in 1795, having acquired his preparation partly by himself, inspired by his fondness for learning and his determination to obtain it, and partly under the tuition of the Rev. Ammi Ruhamah Robbins of Norfolk, Ct. He graduated in due course, in 1799, at the age of twenty years, in the same class with the late Prof. James L. Kingsley, of Yale College, and Prof. Moses Stuart, of Andover Theological Seminary. His class numbered at graduation twenty-six; and he survived them all except one, the Rev. E. J. Chapman, of Madison Co., N. Y. The two years after his graduation he was Rector of the Hopkins Grammar School in New Haven, and has been for some time its oldest surviving teacher. What his grade of scholarship was in College, I have been unable exactly to ascertain; but I infer that it was high from the fact that soon after the termination of his services as Rector of the Grammar School the office of tutor in Yale College was offered him; which he declined, doubtless because he wished to devote his time wholly to preparation for his chosen profession. That preparation he obtained in study partly in his father's office, partly in attendance on the medical lectures of Drs. Rush and Wooster, in Philadelphia, and partly, indeed chiefly, with Dr. Æneas Monson, of this city, who was a very learned man, for that day, especially in botany and chemistry in their relation to materia medica. This study of medicine he pursued while he was Rector of the Grammar School, thus performing double service. And he began to practise here in his native city, at the termination of his Rectorship, in 1801, two years after his graduation at College. His attendance upon the lectures in Philadelphia was at a later period.

It was doubtless an advantage to him for obtaining practice at the outset that his father was a physician here widely employed, and that he was known as "young Dr. Ives;" which sounds strangely to us, who, the larger part of us, have known him only as "old Dr. Ives," and have known his sons and grandson as physicians in active service. Yet there are some among us who remember him as "the young Dr. Ives." This advantage, however, at the beginning, would have availed but a short time, had he not possessed real merit to sustain and commend him. That merit was such as to gain for him rapidly a very large practice and great success in it, and so to win for him general confidence and a brilliant reputation. Quite early in his medical life, much earlier than is usual even for those of eminent skill, he began to be employed as a consulting physician; and in this capacity he was frequently engaged not only in the city, but far and wide through the State. His practice of this character was unequalled by that of any physician in the State, certainly in this part of it. In this active service, at home and abroad, Dr. Ives continued for more than forty years, although from the first, even from his College life, he had to struggle with feeble health and frequent bodily infirmity. About twenty years since he resolutely began to withdraw from general practice, and from that time has attended only in a few cases where his counsel was urgently solicited, or when his advice was sought in peculiar instances at his own dwelling, or in families of his old friends who felt as though they could not have any one else. Having thus spoken of the beginning, success, and extent of Dr. Ives's practice, it may contribute to the simplicity and clearness of this sketch, if, at this point, I speak of his characteristics as a physician.

And here I will state that thinking it presumptuous to attempt to delineate those characteristics unaided, especially

* Compiled from a sketch of his Life and Character, by the Rev. Dr. Dutton, M.D., of New Haven, Ct.

as my personal knowledge of Dr. Ives has been chiefly since he withdrew from general practice, I have sought the aid, very willingly given, of the judgment and suggestions of that accomplished and honored physician of our city, Dr. Jonathan Knight, who is nearest to Dr. Ives in age, and was for nearly forty years associated with him as Professor in the Medical Department of Yale College.

The most prominent and perhaps the most valuable characteristic of Dr. Ives as a physician, was his insight, his perspicacity, his power of readily looking through and through a case, so as to perceive the real nature of the difficulty to be removed, the evil to be remedied. His perceptive powers, in other words, were very remarkable, giving him great ability to observe and note all the facts of disease, and all facts with reference to the process and the means and materials of cure. A necessary accompaniment to the power just mentioned—necessary to make a physician of learning and resources—is a comprehensive and retentive memory. This Dr. Ives possessed. His memory retained accurately and securely the facts regarding diseases and remedies, which his power of insight and observation had acquired. And they were so arranged and classified as to be at his command. Another, a third, characteristic of Dr. Ives, which rendered him a physician of eminent learning and large resources, was his extensive and thorough knowledge of materia medica. Those who have been acquainted with his practice will remember how often he used to prescribe the use of some botanical plant, and not rarely one growing in this region, telling just where to go and find it, and not infrequently the place would be his own garden or back yard. In the botanical department of materia medica he was far beyond his age, and was the most learned physician of his time in this country. In this part of medical learning, Dr. Æneas Monson, as has already been intimated, gave him inspiration and instruction. That he made such attainments in this department of knowledge, is truly wonderful; for at that period there were no books published on that subject in this country, and it was almost impossible to obtain them. Dr. Monson acquired his knowledge in this department by his own observations, experiments, and experience, and by the communicated observations and experience of those around him, and of those with whom he corresponded for that purpose, in this country and in Europe. And Dr. Ives, his pupil, gained his knowledge from the same sources, and also from a few books which he obtained with great difficulty from Europe. Dr. Ives was a very diligent and thorough student of medical and scientific books, especially in his early and middle life. He sought for knowledge independently in the book of nature; and he sought it also in the books in which other men have recorded what they have learned from nature's book.

Dr. Ives was remarkable in his conduct as a physician for some qualities, which, though they belong to the moral department of his character, yet, as they influenced his medical practice, should be mentioned in this connexion. He was characterized by great integrity as a physician. He was fair, upright, and honorable, in his intercourse with patients, and in his intercourse with other physicians, especially when called in council, consulting without regard to his own interest in the case. "He acted in his medical practice," said Dr. Knight, "with remarkable independence of pecuniary considerations, and was in all respects a very fair and honest-minded man."

He was characterized also by a genial and generous interest in other physicians, especially the younger members of the profession, treating them with great kindness and courtesy, and endeavoring to promote harmony of feeling and action. "In this latter particular," said Dr. Knight, "he brought about quite a reform in New Haven when he entered upon the profession." There was at that time, and had been, a great deal of jealousy and rivalry and unpleasant feeling among the physicians of the place. For the purpose of remedying this, as well as for promoting the objects of medical science and skill, he proposed and had a leading influence in forming, in the year 1803, the New Haven Medical Association, which from the time of its origin has held meetings every fortnight, that have had an excellent influence in promoting mutual acquaintance, confidence, fellowship, and harmony. Of its original members he was the last survivor. He was an active friend of the State Medical Society, and of the National Medical Society, which, at its recent meeting in this city, honored him by choosing him, notwithstanding his age and infirmities, their presiding officer.

But the most important service which Dr. Ives rendered to medical science and practice was his agency in originating and sustaining the Medical Department of Yale College. This leads me to speak of another and large division of the labors of his life—that of a Teacher of Medical Science, and a Professor in the Medical College. The origin of that College was due chiefly to two men, Dr. Eli Ives and Professor Benjamin Silliman, acting under the suggestions and inspiration of that eminent friend of science, Dr. Dwight, President of Yale College. The Medical College, or rather the Medical Department of Yale College, was organized in 1813, by the appointment of five Professors, viz. Æneas Monson, Nathan Smith, Eli Ives, Benjamin Silliman, and Jonathan Knight. Dr. Monson was appointed Professor of Materia Medica and Botany, with Dr. Ives as his Associate. Dr. Monson, however, on account of his great age—being then about eighty years old—declined the active duties of the Professorship, which were wholly performed by Dr. Ives. In that department he continued for sixteen years—from 1813 to 1829—when, upon the decease of Professor Nathan Smith, he was transferred to the department of the Theory and Practice of Medicine. In that department he remained twenty-three years—from 1829 to 1852—when, owing to his advanced age and increasing infirmities, he resigned, and his place was filled by the appointment of Dr. Worthington Hooker. We thus see that in the duties of Professor in these two departments he was employed for almost forty—thirty-nine—years.

As to the manner in which he performed those duties, I am able to quote the language of Dr. Knight, in an Address delivered at the Opening of the new College Building in York street. He says: "Of the two early instructors* in this institution, who, though retired from their active duties here, are still living, it would be unbecoming, as it is unnecessary, for me to speak at length. A few words, however, I hope will be allowed. When this institution was established, they were both in the very prime of early manhood, both well prepared by their previous studies and labors for their respective stations, and both performing the duties of those stations with great zeal and fidelity and with eminent success."

The beneficial influence of Dr. Ives upon medical science and skill, in his agency in originating the Medical Department, and during his forty years of service as Professor, may be seen, in some measure, by estimating the influence of that Institution and also the influence of about fifteen hundred students, who received their medical education in part from him.

The merit of Dr. Ives, as a Medical Lecturer, was chiefly in the matter of his lectures. His manner was not attractive, owing to the feebleness and huskiness of his voice and to his indifference to the graces of oratory. But his matter was excellent—very instructive—conveying vast funds of information—giving a thorough discussion of the subject in hand, and inspiring confidence of its accuracy. His mode of arrangement was his own, and miscellaneous and discursive, yet conveying the needful knowledge effectually and acceptably. And the whole was illustrated and enlivened by frequent pertinent anecdotes, of his own and others' experience, which presented the subject to the minds of students in the concrete.

* Dr. Eli Ives and Professor Benjamin Silliman.

The zeal and enterprise of Dr. Ives in behalf of science were not confined to the department of medicine. He was a lover of all truth, and a general student and scholar. He was interested and active in the Horticultural Society and in the Pomological Society, of both of which he was President. Many years since, also, he proposed and did much by his personal labor and expenditure to establish a Botanical Garden in connexion with the Medical College.

The influence and labors of Dr. Ives in promoting the great Temperance Reformation, which began from thirty to forty years since, ought not in this sketch to be omitted. When that reformation began, on the principle of total abstinence from the use of intoxicating drinks as a beverage, he hesitated, because he knew, and has always held, that such drinks have a good use in some cases of disease, and of tendency to disease. But he said that, when he took the college catalogue, and when he surveyed other lists of his early friends, and saw how many of them had died drunkards, he could hesitate no longer; and he freely gave his influence to the enterprise, frequently speaking at public meetings, and in various ways giving his testimony in its behalf. That influence was great, on account of his deserved reputation, especially as a scientific man.

Finally, Dr. Ives had a thorough and rich Christian experience. He had a profound and full knowledge of the truths of the gospel, and loved them devotedly, and endeavored, by the divine help, to conform his heart and life to them.

It is now about nine months since Dr. Ives was, for the most part, confined to his house. From that time, his frame, for the greater part of his life battling with disease, gradually yielded to its fatal power. His mind enjoyed, during all these months, the resignation, the cheerfulness, the hope, and the peace of the humble and assured Christian. For the few last weeks of his life, his bodily sufferings were great; but he bore them with Christian patience and meekness; and, worn out by them at length, he expired at four o'clock on the morning of Tuesday, October 8th, 1861, at the age of eighty-two years and eight months.

Correspondence.

NECESSITY OF A LUNACY COMMISSION.

[To the Editor of the American Medical Times.]

Sir:—In a former brief communication, reference was made to the condition of the insane distributed throughout the State in the county institutions, without special preparation for that purpose; and requiring general supervision in order to render even the existing laws, in relation to them, in a desirable degree satisfactory and profitable to the interest and honor of the State and community; and especially to investigate the condition of the insane inmates.

To show more clearly the views which others entertain in relation to this department, permit me to transcribe a petition lately issued by the Oneida County Medical Society, which reads as follows, to wit:

"*To the Honorable the Legislature of the State of New York.*

"The undersigned would respectfully represent, that they are credibly informed that more than two thousand of their fellow citizens, who are not guilty of any crime, but laboring under the affliction of insanity, are confined in the poorhouses and almshouses, without any care or protection from the State, except such as is furnished by these institutions.

"It is well known that the poorhouses and almshouses are not adapted to the cure of insane patients, and that the keepers are often entirely ignorant as to the proper treatment of such persons.

"Their condition in such institutions is often wretched in the extreme; surely it is not creditable to the proud State you represent, or its enlightened Legislature, longer to tolerate this relic of barbarism. We would, therefore, respectfully ask of your honorable body, that a properly qualified medical man be appointed a commissioner whose duty it should be to make a personal examination into the condition of the insane in the State, and report to the next Legislature, with such suggestions for their relief as may be deemed proper."

This petition is designed for general distribution, and it is presumed that all into whose hands it may fall, will attend to the request made in the accompanying circular.

It was originally designed that the duties of the commission should extend also to the administration of legal justice in cases of the insane criminal.

Upon the importance of this permit me to say, that this suggestion had its origin in the fact that the scientific physician is the only individual on earth, capable, or in any way prepared, to investigate insanity in all its shades. Who was it that first disproved the assumption that the miserable victims of insanity were the special subjects of Divine displeasure, forsaken of God and possessed of devils, to be regarded universally as objects of harm and detestation? And, as it has been further said, "nobody doubted, not even the wisest, best, and most humane, that dungeons and chains and stripes were deserved by the heaven-abandoned wretch, and were at the same time the best and only means of his restoration; we shudder at these terrible records of ignorance."

Again; no longer back than 1843, it is said that "the British House of Lords called upon the realm to declare authoritatively in their collective capacity, what state of mind constituted insane irresponsibility. They decided that the plea of insanity was only admissible where it was proved that the criminal was *incapable of distinguishing right from wrong when he committed the crime.*"

The fallacy of this decision is best disproved by referring to the fact that, in *America*, our insane establishments are governed mainly upon the principle that the insane have the knowledge of right and wrong. But John Bull is very sluggish in many particulars, while the vigilance of young America is even becoming a place-word. It is now well known that a certain per cent. of crime is committed by the insane; and it may be asked with emphasis, how large is that percentage? Not long before the commencement of the present century but little had been done to save this class of irresponsibles from capital punishment. If the crime of murder was committed by one whose insanity had been established previously, the way was clear; but if by one upon whom no strong suspicion had fallen, or some slight indications of diseased mind should happen to be discovered after the act, the prejudices of the community were so great against ascribing the commission of the act to any state of mind that would exculpate the criminal, that even an attempt at investigation would be baffled. The sentiment had attained such strength that you would often hear a taunting reference made to even a plea of insanity.

A man deliberately and premeditatedly takes his gun, and walks forth to take vengeance upon unfounded jealousy, which had preyed upon his mind until it had become a mania; a son shoots his father for an imaginary wrong which he had dwelt upon until the act could not be restrained; a wife poisons a husband, and a mother a child, for the purpose of effecting some, to her, desirable change which she had brooded over until her "brains grew addle;" and these things are done by a class of persons who afterwards manifest no regret or remorse for having committed the act. Who is so competent to have the management primarily of such cases, or to be empowered with legal authority to dispose of them, as the physician? The culprit is arraigned at the bar of justice, and if the plea of insanity is introduced, witnesses are summoned for and against, and a war of opinion is commenced; conflicting testimony, professional and other, is presented to court and jury, and after a week's labor of this kind who would believe that a jury of twelve

men could agree as to the sanity of the prisoner; but he is arraigned for murder, and that they can agree upon, and he is pronounced guilty. What follows? Measures may or may not be instituted to lay the case before the Governor, and if it is, he appoints a special commission of medical men, and he is governed in his action by their decision.

Another marked difference in these results is to cost the counties thousands, instead of as many hundreds of dollars to dispose of a case. Is there not much connected with this that calls for improvement? and is not the State of New York ready to take the lead in a reform so much needed? If the laws regulating this thing have been made by men who have overlooked the interests and necessities of this department, let the Legislature now interpose, and place the management of it in proper hands, for a wise, humane, and economical adjustment. And now, in the adjudication of matters belonging to the insane criminal, we ask, what class of persons in the community is best prepared to collect, and, when collected, to analyse, the facts in relation to them without prejudice or bias?

The judge is governed in the main by medical testimony; the jury can look to no other source to be rationally enlightened. From all that pertains to their education and experience, as well as everything connected with their profession, the enlightened of the age make the admission, and it is very clear that if a board of medical men could be legally formed, there would be left but little room to question the result. Yours, &c.

L. B. C.

Army Medical Intelligence.

SURGEONS IN THE GREAT NAVAL EXPEDITION.

First Brigade.—J. C. Dalton, Surgeon; Albert A. Moulton, Surg., B. F. Eaton, Assist. Surg. to 3rd N. H. Vols.; Henry Hovet, Surg., Otto Schenck, Assist. Surg. to 46th N. Y. Vols.; W. V. White, Surg., W. H. Tanner, Assist. Surg. to 47th N. Y. Vols.; A. Perry, Surg., J. Mulford, Assist. Surg. to 48th N. Y. Vols.; P. Fisher, Surg., J. S. Houghton, Assist. Surg. 8th Me. Vols.

Second Brigade.—Geo. B. Kemble, Surgeon. Surgeons of Regiments not obtained.

Third Brigade.—J. J. Craven, Surg.; —— Dixon, Surg. to 4th N. H. Vols.; F. Bacon, Surg. to 7th Ct. Vols.; Joel Richardson, Surg., C. C. Tuck, Assist. Surg. 9th Me. Vol.

Surgeons of Gunboats.—Alabama, O. A. Gibson; Augusta, W. H. Holmes; Bienville, J. T. Contes; Seneca, N. L. Beaty; Monticello, S. D. Klagg; Quaker City, E. B. Dalton; Unadilla, R. L. Weber; Florida, J. C. Cohen; Ottawa, C. O. Carpenter; James Adger, T. Atwood; Mt. Vernon, M. H. Henry; Pembina, A. W. H. Hawkins; Vandalia, C. Eversfield, and H. T. Mesheary; Sabine, M. C. Delancy, and R. G. Freeman; Roanoke, G. Clymer, and G. C. Spear.

John Moore, M.D., Surgeon U. S. Army, who has been stationed at Camp Scott, Utah, for the last three years, returned to Washington in charge of the troops from that station, and has been assigned to duty at the Military Hospital at Cincinnati, Ohio. John J. Milhau, M.D., Surgeon U. S. Army, long stationed on the Pacific coast, and recently member of the Army Board of Medical Examiners, at San Francisco, has returned to Washington, in charge of troops.

VISIT TO THE HOSPITAL AT SPRINGFIELD, MO.

[Army Correspondence of the American Medical Times.]

Springfield, Green Co., Mo., Nov. 9, 1861.

We arrived here last Monday, after a forced march of sixty miles. To-day I passed through the main hospital with Dr. Melcher, who has been in charge of all the sick and wounded since the fight at Wilson Creek, also about twenty-five additional, wounded at this place on the 24th October in the action that took place between two hundred and eighty of Gen. Fremont's body-guard and eighteen hundred of the enemy, in which the latter were defeated. There are still quite a number of the wounded of Wilson Creek remaining, but nearly all are so far recovered as to be able to ride as soon as an opportunity presents to send them to St. Louis. Measures are being taken to send them forward immediately. The doctor informed me that owing to the distance of the battle-field from town (9 miles), lack of ambulances, and teams, and great number wounded, and lack of surgical attendance, no primary amputations were performed. That all secondary amputations of the thigh had proved fatal, also several of the leg and arm. I was shown several cases of compound comminuted fracture of the thigh, leg, and arm, in all of which the bone had united, and some healed up permanently, and in others there was more or less of exfoliation, but with every prospect of final recovery.

I saw one case of badly shattered ankle-joint, by a large grape-shot burying itself within. The shot was removed, and the doctor said the limb would have been amputated, only that there was no adhesive plaster in town; he says, adhesive plaster saved that leg, for the man will have good use of it.

Another case of interest was shown where a musket ball had passed through the thigh on a line with the great ischiatic nerve; the consequence is paralysis of the flexor muscles of the toes and ankle-joint.

Considering the number of cases, the serious character of the injury, and the result in all of them that I saw, I can but come to one conclusion, that many, very many limbs are removed that might be saved, and this I will show at some future time. Dr. Barnes, the Medical Director of this post, informed me there were but four hundred and seventeen sick in hospital this morning, and this includes most of the sick of the vast army now collected at this place; considering the season of the year, and forced march made by most of the regiments, it shows a very healthy state. In my own regiment the measles is the great trouble, though of very mild grade; dysentery, diarrhœa, some pneumonia, intermittent and remittent fever are the prevailing diseases in camp and hospital, the latter in many instances assuming a typhoid character. The weather is very fine, and we all feel anxious to move somewhere, anywhere, but what the programme is to be I know not.

Charles H. Rawson,
Surgeon 5th Iowa Vols.

Medical News.

Inebriate Asylum at Binghampton, N. Y.—Dr. Valentine Mott was recently installed President of this institution.

Cholera has been making terrible ravages in Candahar, India; 8,000 fell victims to it in eighteen days.

The *insanitary* condition of the Southern army is frequently noticed; added to the universal epidemic of parricide, are suicide, homicide, small-pox, black measles, typhus, &c.

Naval Appointments from Massachusetts.—Of the forty new Assistant Surgeons required for the Navy, thirteen have been appointed from Massachusetts. The following are their names:—R. T. Edes, Chas. E. Stedman, H. M. Wells, W. C. Lyman, I. H. Hazelton, G. T. Shipley, Charles H. Perry, C. T. Hubbard, Edgar Holden, B. H. Kidder, J. H. Macomber, Samuel W. Abbott, Samuel N. Brayton.

Dr. Robert Adams has been elected to the University Professorship of Surgery (Dublin), vacant by the death of Dr. Cusack.

Hog Cholera.—The Wayne (N. Y.) Press says, that a disease termed "hog cholera," is raging among the porkers at the distilleries in Clyde. One man lost something like 1,200 hogs a short time since—the hogs dying at the rate of 60 to 100 per day.

MARRIED.

HOUSEWORTH—BROWER.—On Wednesday, Nov. 13, at Hughsenville, N. Y., T. R. HOUSEWORTH, M.D., of Brooklyn, N. Y., to Miss KATE A. BROWER.

ERRATA.—In Dr. Blatchford's article, last number, fourth paragraph, third line, for *Himself*, read myself; next paragraph, read "proving them *not* to have been protected by previous vaccination. In the remainder was produced the spurious pustule peculiar to *re*-vaccination."

TO CORRESPONDENTS.

Justice (*Peekskill, N. Y.*)—Letter next week.

"*Country Surgeon*," (*Yonkers.*)—Accepted.

J. G. A.—Will be noticed early.

W. K. S. (*U.S.N.*)—Will appear shortly.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 19th day of November to the 23d day of November, 1861.

Abstract of the Official Report.

Deaths.—Men, 94; women, 78; boys, 115; girls, 110—total, 397. Adults, 172; children, 225; males, 209; females, 188; colored, 5. Infants under two years of age, 145. Children reported of native parents, 25; foreign, 165.

Among the causes of death we notice:—Apoplexy, 7; Infantile convulsions, 24; croup, 11; diphtheria, 9; scarlet fever, 20; typhus and typhoid fevers, 17; cholera infantum, 3; cholera morbus, 0; consumption, 59; small-pox, 13; dropsy of head, 6; infantile marasmus, 27; diarrhœa and dysentery, 1; inflammation of brain, 12; of bowels, 10; of lungs, 24; bronchitis, 6; congestion of brain, 9; of lungs, 12; erysipelas, 0; whooping cough, 1; measles, 4. 217 deaths occurred from acute disease, and 46 from violent causes. 272 were native, and 125 foreign; of whom 84 came from Ireland; 7 died in the Immigrant Institution, and 44 in the City Charities; of whom 10 were in the Bellevue Hospital.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

1861	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Humidity Saturation, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In	°	°	°	°	°			
17th.	29.74	11	40	35	44	7	10	N.W.	.04	661
18th.	29.84	.14	40	34	45	7	11	N.W.	0	600
19th.	30.10	.21	37	31	43	7	11	N.W.	0	587
20th.	30.04	.07	35	30	41	6	8	N.E.	.07	651
21st.	30.07	.11	38	31	46	6	9	N.W.	1	661
22d.	29.92	.21	33	31	45	6	8	N.W.	3	664
23d.	29.60	.57	44	41	47	2	4	S.E.	8	851

REMARKS.—First four days fine, with fresh wind. 21st, Fog A.M. 22d, Variable P.M. 23d, Clear early A.M. and late P.M. Fog at 7 A.M., rain all day. Minimum of barometer 29.31, rain fall 1 inch.

MEDICAL DIARY OF THE WEEK.

Monday, Dec. 2.
- NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Loomis, Is. Hos., half-past 1 P.M.

Tuesday, Dec. 3.
- NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
- OPHTHALMIC HOSPITAL, 1 P.M.

Wednesday, Dec. 4.
- NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Sayre, Is. Hos., half-past 1 P.M.
- ACADEMY OF MEDICINE, half-past 7 P.M.

Thursday, Dec. 5.
- NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M.
- OPHTHALMIC HOSPITAL, 1 P.M.

Friday, Dec. 6.
- NEW YORK HOSPITAL, Dr. Watson, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Flint, half-past 1 P.M.
- EYE INFIRMARY, Dr. Noyes, half-past 1 P.M.

Saturday, Dec. 7.
- NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M.
- BELLEVUE HOSPITAL, Dr. Parker, half-past 1 P.M.
- " " Dr. Wood's Clinic, half-past 2 P.M.
- OPHTHALMIC HOSPITAL, 1 P.M.

SPECIAL NOTICES.

NEW YORK ACADEMY OF MEDICINE.—*The discussion on* DR. B. F. BARKER'S *paper "On the Use of Anæsthetics in Midwifery," will be resumed, and opened by* DR. GEORGE T. ELLIOTT, *on Wednesday Evening, 4th of December next.*

The following subjects and papers will come before the Academy during the season:—

Subject of Albuminuria, opened by DR. A. CLARK; "*Moral Insanity in Relation to Criminal Acts*," *on* DR. PARIGOT'S *paper by request, professionally considered. Papers on the use of Carbonic Acid Gas in Uterine Diseases, by* DR. NŒGGARATH; *on Epilepsy, Pathology, etc., by* DR. M. H. RAMSEY; "*Literature and Science of Human Monstrosities*," *by* DR. D. S. CONANT; *Memoir of* DR. JOHN STEARNS, *by* DR. PURPLE.

[The object of this early publication of the above, by the President, is, that the various subjects may receive such investigation by the Fellows, as shall enable them to participate in the discussions satisfactorily to themselves, etc.—EDITORS]

E. & S. FOUGERA, PHARMACEUTISTS,

No. 30 N. William st., N. York, and No. 169 Atlantic st., Brooklyn,

GENERAL AGENTS FOR THE FOLLOWING PREPARATIONS:

AGENTS: T. METCALF & CO., BOSTON, MASS.; H. P. WAKELEE, SAN FRANCISCO, CALIFORNIA; E. L. MASSOT, ST. LOUIS, MO.; , BALTIMORE, MARYLAND, ETC., ETC.

To be had also from the first class Drug Stores.

ALBESPEYRE'S BLISTERING TISSUE.

This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for *Physicians* (*principally country Physicians*) *Pharmaceutists*, and *Patients*. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

ALBESPEYRE'S EPISPASTIC PAPER, is used for maintaining blisters, in preference to any drawing ointments.

RAQUIN'S CAPSULES,

Approved by the French Academy of Medicine—Daily prescribed with success by the profession at large. These *Capsules* are superior to any similar preparations.

GENEVOIX PURE OIL OF HORSE CHESNUTS.

This ANTI-GOUT preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for GOUT, RHEUMATISM, and NEURALGIA.

N.B. *It is very important*, in applying this oil, to rub gently on the inflamed part, *till the skin is completely saturated with the oil.*

E. GENEVOIX, Phen., 14 Rue des Beaux Arts, Paris.

BLANCARD'S PILLS OF IODIDE OF IRON.

Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

BLANCARD, Phen., No. 40 Rue Bonaparte, Paris.

BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of Secale Cornutum, minus its poisonous substance. In consequence, *Bonjean's Ergotine* may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of *Bonjean's Ergotine* is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

LABELONYE, Phen., No. 19 Rue Bourbon, Villeneuve, Paris.

QUEVENNE'S IRON AND DRAGÉES OF IRON BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial Iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose. E. GENEVOIX, 14 Rue des Beaux Arts, Paris.

LEBEL'S SAVONULES OF COPAIVA, &c., &c.

The unfriendly action of Copaiva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alcali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragée, neither offend the sight nor displease the palate.

PIERLOT'S VALERIANATE OF AMMONIA, *FOR NERVOUS AFFECTIONS.*

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia, Epilepsy, Convulsions, Hysteria*, &c., &c.

DOSE.—Two to three teaspoonfuls daily.

PIERLOT, Phen., 40 Rue Mazarine, Paris.

BOUDAULT'S PEPSINE,

Successfully prescribed in *Dyspepsia, Gastralgia, in slow* and *difficult digestion*, in *chronic diseases*, and also to arrest *vomiting during pregnancy.*

DOSE.—Fifteen grains in powder, two or three times a day, just before eating.

LABELONYE'S GRANULES OF DIGITALIS,

Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations, Aneurisms*, and *Hypertrophies* of the *Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

DOSE.—Four to ten Granules daily.

LABELONYE, Phen., 19 Rue Bourbon Villeneuve, Paris.

FRUNEAU'S ASTHMATIC PAPER.

This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyosciamus, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

FRUNEAU, Phen., NANTES, FRANCE.

E. & S. FOUGERA'S COMPOUND DRAGÉES OF SANTONINE.

These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

DOSE.—Ten to twelve a day for an adult, repeated three days.

CELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the *Lactate of Iron* is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis, Whites, Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

DOSE.—Two to three, three times a day.

PAULLINIA-FOURNIER,

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia, Headache*, convulsions of the stomach, &c., &c. It is favorably spoken of by Drs. Trousseau, Pidoux, Grisolle, &c., &c. No. 26 Rue d'Anjou St. Honoré, Paris.

E. & S. FOUGERA'S DRAGÉES AND SYRUP OF PYROPHOSPHATE OF IRON.

The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility, Anemia, Dyspepsia, Neuralgia*, and principally where a nervous tonic is indicated.

DOSES.—Two to four Dragees, three times a day, or a dessert to a teaspoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as codliver oil. DOSE.—A teaspoonful two or three times a day.

No. 19 Rue Bourbon Villeneuve, Paris.

E. & S. FOUGERA, Pharmaceutists, New York and Brooklyn,

GENERAL AGENTS FOR THE ABOVE PREPARATIONS.

N.B. PHARMACEUTISTS AND WHOLESALE DRUGGISTS will find it to their advantage to send for our new **Price Current, in which the prices of Imported French Medicinal Preparations are much reduced.**

TERMS OF THE AMERICAN MEDICAL TIMES.

City and Canadian Subscribers, $3.50 per annum, payable in advance.
Mail Subscribers, $3 per annum, payable in advance.

Remittances must accompany an order for the Journal.

The Publishers will not hold themselves responsible for the loss of moneys inclosed in unregistered letters.

There are two volumes a year, commencing on the 1st of January and July; but subscriptions may begin at any date.

Those who desire to have the series complete can be supplied with the back numbers at the original subscription price.

The last volume, nicely bound in cloth, may be had at the office, for $1 75, and free by mail for $2 15; cloth cases for binding may be had at the office for 25 cents, and free by mail for 34 cents.

*** THE MEDICAL TIMES is published every Saturday morning, and is transmitted direct by mail throughout every section of the country. As a medium for immediate communication with the medical profession of the United States, it offers unsurpassed facilities to those desiring to advertise Medical Colleges and Schools, late Works, Surgical Appliances, Instruments of every kind, Drugs and Medicines, etc., etc. The following terms of transient advertisements may be modified by special contract for permanent insertion:

¼ column, or less,	each insertion	$1 00
½ "	"	1 80
¾ "	"	3 60
1 "	"	7 20

A deduction of 10 per cent is made for 6 insertions.
" 25 " " 13 "
" 30 " " " 26 "
" 35 " " " 52 "

Communications should be addressed "Office American Medical Times 440 Broadway, N. Y." BAILLIERE BROTHERS,

Publishers and Proprietors.